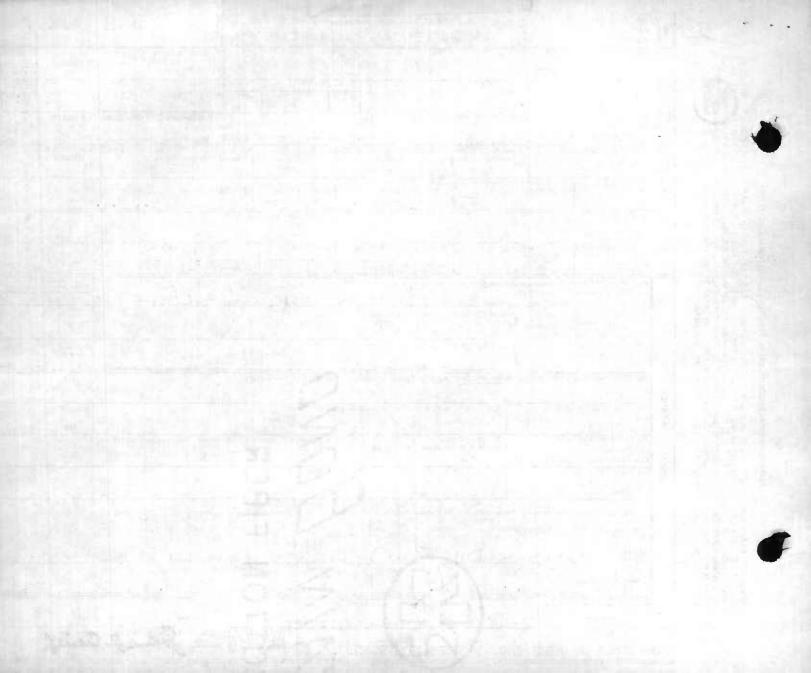
217		STAT	E OF MARYLAND	-	
10)	FOR 1 - STATE	DEPARTMENT OF F	EALTH AND MENTAL HYG	IENE 8 2	3 2 8 2 6
	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRS	T MIDDLE	AST		ONTH DAY YEAR 26. HOUR
3	(TYPE OR PRINT)	1 David	n Vno		2 10 82 3:08 Am
6 (14)	3. SEX	14 RACE S. DATE	E OIDTH	6. AGE (IN YEARS LAST BIRTHO	
E THE		MONTI	DAY YEAR	B. AGE IN TERRS LAST BIRTHO	MONTHS DAYS HOURS MIN.
death. Page uneral direct hin 72 hours	Male	White Apri	1 11,1901	81	YRS.
10 Pec. 20 dd	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
ling in 7	New Yor			Prince	GEDRARS MD.
- A state of the	10. CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATION	
5 1 5 EP X	CLINTON	Bouthern Ma	HOSPITAL		Eng. St. Eliz. Hosp
MARYLAND 21201 ELEASE ed within 24 hours of ond 2 should be file examiner mustbe	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			and Deterinos
S T T T T T T T T T T T T T T T T T T T			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
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Jan	FIRST	MIDDLE	FIRST	WIDDIE	LAST
	Sherman	Acker	Hetty		Smith
MORE.	160. WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	RFD I Box 423
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the true the	IB. CAUSE OF DEATH (Ent				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d by	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	11-01	11 -01 -00
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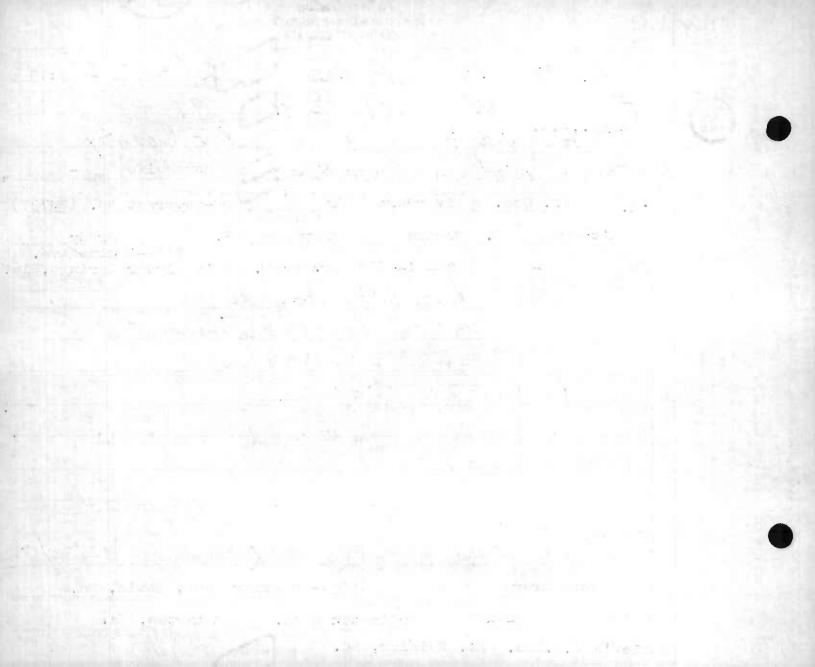
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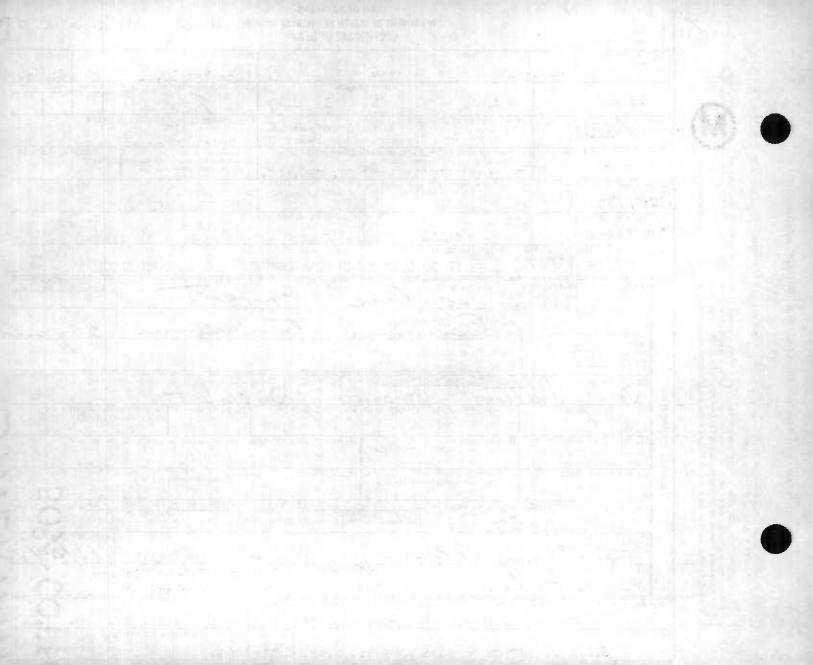
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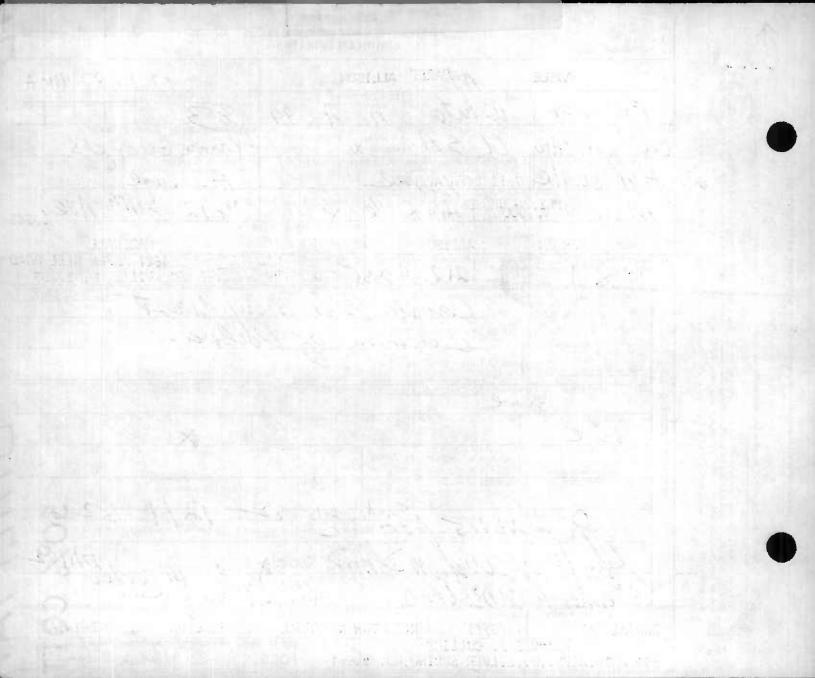
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(VRA 15, 4)



*	FOR STATE REGISTRAL		DI	PARTMENT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT		8 2 REG. N	3	2 8	3 0
	1. DECEASED NA/	ADELE	MARGA	RET ALLI	SON	20.	DATE OF DEATH	MONTH DAY	SQ S	9:10 AM
(M)	3. SEX Fer	rnle	white	5. DATE O		99	GE (IN YEARS LAST BI	YRS.	VIHS DAYS	FUNDER 24 HRS
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E, MARN complete 1 1 and 2	FIRST		ALLIS	ON AL SECURITY NO.	MAY 17. INEORMANT		MIDDLE	MARS	HALL	
be execution and c	NO NO OR UNK	(IF YES, GIVE V	WAR OR DATES) 212	-54-589	-,-	DAUGH THY BA		OCKVILL	E, MD. 2	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Membel Hygiene prior to burials, cremation, or removal. The statement of the property of the property of the medical examiner massible fill and a shows any injury, or other traumotic event, the medical examiner massible fill.	Conditions	if ony, which	One cityle per line for iol BY CAUSE ID. DUE TO, OR AS ACOI	ino i	rulm a oz	Ude	lva	est.	BETWEEN CHE	TE INTERVAL SET AND DEATH
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TAL RECO	RTIFIC	OPERATION	196. CONDITION FOR	WHICH OPERATION		Y	OR AUTOPSY?	IN CERTIFYIN		
SION OF VITA PHYSICIAN; IT ending physicis this certificate the buriol-transis d or fem 18 sh	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART ?)	
	AT WORK	OCCURRED NOT WHILE AT WORK	218. PLACE OF INJURY	Cit	21f. LOCATION STREET	0	CITY OR TO	J J	COUNTY	STATE
ATTEN ospitol ECTOR: d for us		declined alive on	l) attended the deceased	1/2 8 00 on	d that in (my) our)	opinion death	occurred on the d	ote and hour or		
HOSPITAL OR inted by the h FUNERAL DIR wild be detoche h the Store Deportment	14	IN SHAME UNGO	Juy.	MDI	ATTENI PHYSIC	DING M	EDICAL STA		12/1	182
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719 _{BP}	PROMPTORYS	TAL	12/3/81	ARLINGTO	N NATIONA	AL_	ARLTNGTO		°VĭRGIN	
DHMH - 16 50M 4/82 (VRA 15, 4)	21111	V.BLVD., W.	IS J. COLLIN .,SILVER SPR	ING, MD. 2		BES 3	= 1982	John Gistra	S SIGNATUR	ulf.

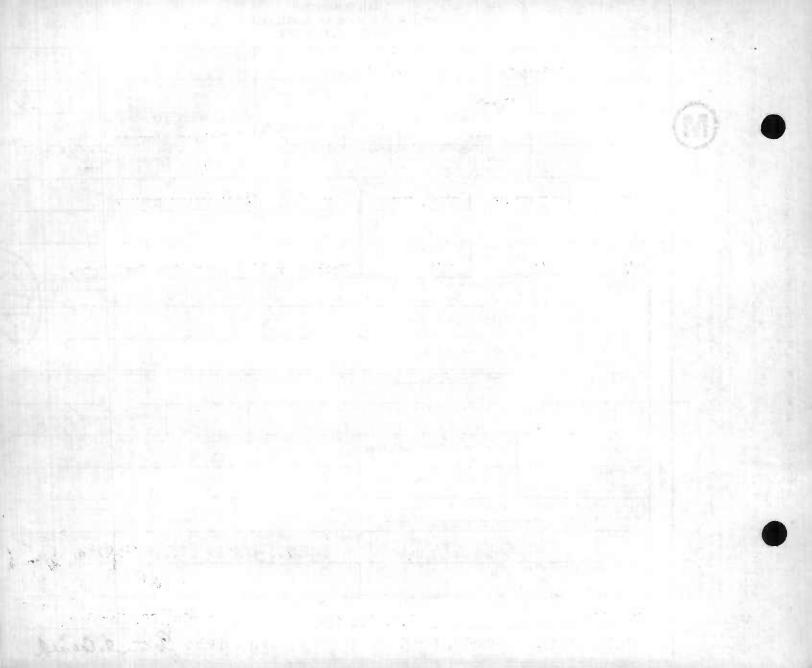


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWNXX MONTH 20. DATE DAY 7b HOUR (TYPE OR PRINT) OF ESTI-Patty Alston 1982 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IE UNDER 24 HRS 2d HOUR 9:40 DATE PRONOUNCED 13, Black 1963 Female Aux 19 1982 DEAD a. M Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X New York United States Prince George's WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION LTYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Capitol Heights Walker Mill High School - vard student student 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. STREET ADDRESS 915 Brook Road Capitel Hts. YES TO Prince Geo. NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIE MIDDLE LAST Alice Hungerford Alsten Everette A 17. INFORMANT Mother 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Alite Alston- 915 Brook Road APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, YES XX NO E 3 SHOULD BE DEPARTMENT (I) PRIOR TO BUI BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY (OST 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY 19 82 pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 6 : 00 BXX 214 INJURY OCCURRED II LOCATION TO MEDICAL EXAMINER: THIS CEINECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. CITY OR TOWN AT WORK AT WORK XX Walker Mill Jr. High. Capitol Heights. Prince school vard George's (Autapsy XX 220 I certify that I taak charge of the remains described above, held an Inspection death resulted from: Undetermined manner Natural causes 12-9-82 Assistant EXAMINER'S NAME III Penn Street Dennis F. Smyth. M.D. (TYPE OR PRINT) 23d. LOCATION 236 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 12/15/82 Burial Harmony Memorial Park Landover PG Maryland 24 FUNERAL DIRECTOR **DHMH - 17** ALEXANDER S. POPE 2617 Pa Ave., S.E. Wash., D.C. (VR A15 ME (5)) 20M 4/B2

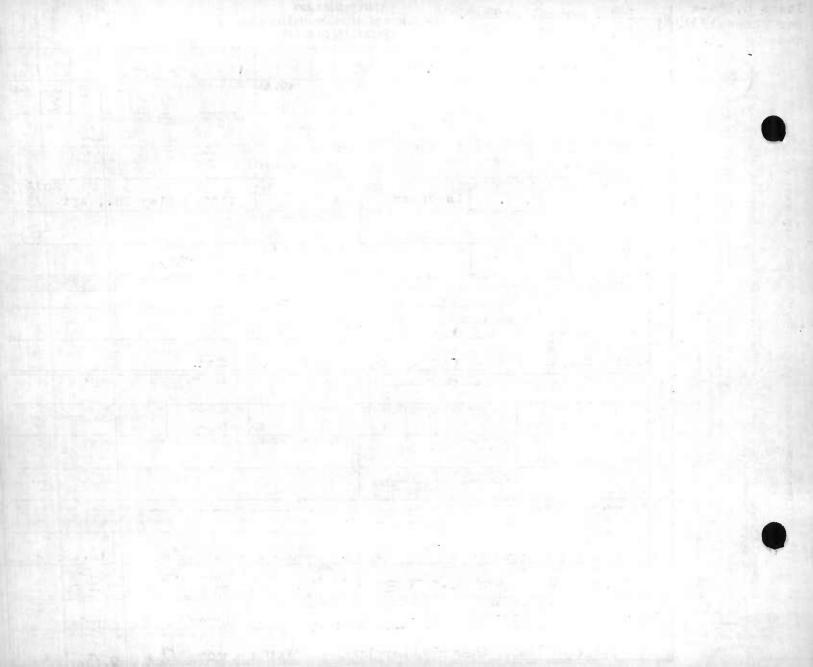
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	L EXAMINER: E CERTIFICATE DUE BE FOR I. DIRECTOR: H, WITH THE S MARYLAND,		deoth resulte	d fram: Notur	rol couses	Accident	, Suicide	, Hami	cide .	Undetermi	ned manner],			
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A 1997 F	538 5 F B	23a. B	SPECIFY) _	TION, REMOVAL 2				RY OR CREMAT		23d. LOCAT	eltenh	cou	NTY	STA	TE _
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician. Ifter this certificate has been signed by the attending physician and completely filled in b as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremotion, ar removal. The and Mental B shows any injury, or other traumatic event, the medical examiner must be in a strength of the medical examiner must be increased.	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CON	SEQUENCE OF SEQUENCE OF	OPHYXIA U-ity NOT RELATED TO T	HE TERMIN	JAL DISEASE OR CONE	DITION GIVE	N IN PART 1(c	a)
L RECOR	IFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
SION OF VITA PHYSICIAN. Th ending physicio this certificate le buriol-transit dd Mental Hygie	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	OF INJURY .M. MONTH	H DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR		_	NO [
DIVISION C or attending After this cer is as the burial olth and Menti	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
OR ATTENDI e hospitol or DIRECTOR: A ched for use Dept. of Heal Item 21 is mi		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no 22b. SIGNATURE	1		. 19, ar	DEGREE	apinian de	medical physici	F _		SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	22	GROUGIS G	Kefre			22e. ADDRESS					
BP	230 (BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE		P.G. H	EMETERY OR CREM.	ATORY	Cheverly	PG,	Marylar	nd STATE
DHMH - 16 60M 7/73 (VR A 15 (4))	24 F	Rateigh Cline,	Cheve	rly, ADM			JAN	REC'D. BY REGISTRAR		AR'S SIGNATION	JRE WELL



per phone 1/31/	Fornfo. per - state 1/28/	call w/hosp.	STATE OF MARY DEPARTMENT OF HEALTH AN CERTIFICATE OF	D MENTAL HYGIENE	2 3	2834
180	1. DECEASED NAME FI	RST MIDDLE			REG. NO.	
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The the f	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L NURSING HOME OR OTHER IN		AL OCCUPATION ORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
12 oc 12	136 STATE /A136	OME OR OTHER INSTITUTION, GIVE RESID COUNTY 13. CITY	OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STRE	ET ADDRESS	20785
AN in 2	Md.	r. G. Lan	1536		.07 Nalley I	Rd., Apt. 73
withi withi pletely od 2 s	14 FATHER'S NAME FIRST	WIDDLE	LAST	R'S MAIDEN NAME	MIDDLE	TZAL
mak uted w	Lames		derson	Rosylyn		Anderson
. 5 0	160. WAS DECEASED EVER IN L		TAL SECURITY NO. 17. INFOR	MANT	ADDRESS	
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DING PHYSIC or othending After this cert is os the buriol morked or tee	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y 211 LOCA		CITY OR TOWN	COUNTY STATE
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R ATTE hospito ned for ned for spt. of hem 21	obove, (I) (we) (did)	did not) view the body ofter dea	th.	y) (our) opinion death occu	rred on the date and hour	ond from the couses stated
TITAL OR ATTEN by the hospital is the DRECTOR: a detoched for un store Dept. of the NT: If them 21 is	Paul Rau	I Laran	te, mi)	ATTENDING MEDICA PHYSICIAN DIRECTO	AL STAFF DR PHYSICIAN	10/28/8Z
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Of of of Mary	230. BURIAL, CREMATION, REM	OVAL 236. DATE	23c. NAME OF CEMETERY O	R CREMATORY 23d. LO	CATION	
ВР	Cremation Cremation	1/5/83		Ch	everly. PG	Manay Tand
	24. FUNERAL DIRECTOR	11/3/03	I P.G. Hospita		REGISTRAR 256. REGISTE	Maryland
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OR. RS. ET.		nale Wh:	ite pe	ATE OF BIRTH DAY CC. 10,	1966 16 y	ARS IF UN		24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH 12	14 1982 DAY YEAR	2d HOUR I Q 57 P · M
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IFICATION	gave ri cause (a lying cau	ise ta) stating use last. IGNIFICANT	any, which immediate the under-	(k) DUE (k) DUE (contributing	E TO, OR b) E TO, OR c) TD DEATN	AS A CON	VSECUTIVE (OF HINAL DISEASE			SCI RT I (a)	lere	200				AUTOPSY?	•
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December 9, 1982

Old Alexander Ferry Road, Clinton, Maryland

24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

REGISTRAR

DECEASED NAME

Burial

BP

DHMH - 16 50M 1/81 (VRA 15, 4) 6633

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO.

25 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) DEATH MATED Scott Kellv Ballenger 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED Male White 63 19 YRS O. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXIXIX FOREIGN COUNTRY) WIDOWED -DIVORCED Prince George's County. West Virginia II.S.A. IB CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Chever1v Carpenter's Asst. Construction SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Do. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George Upper Marlboro YES 5404 Roblee Drive NO [] 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDOLE Betty Elliott Paul L. Ballenger 17. INFORMANT 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS 235-96-8419 N/A Paul & Betty Willett No SAME AS # 13 A-E 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Closed head injury 4 Days DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which Automobile accident gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 4:30AM. 11/28/82 Passenger in Automobile 21e PLACE OF INJURY (AT HOME Forestville P.G. AT WORK AT WORLE XX STREET, FACTORY, FARM, ETC.) STATE Beltway (495) and Pennsylvania Ave. MD Street EXECUTE THE CERTIFICATE, NAGE 4 SHOULD BE FORW

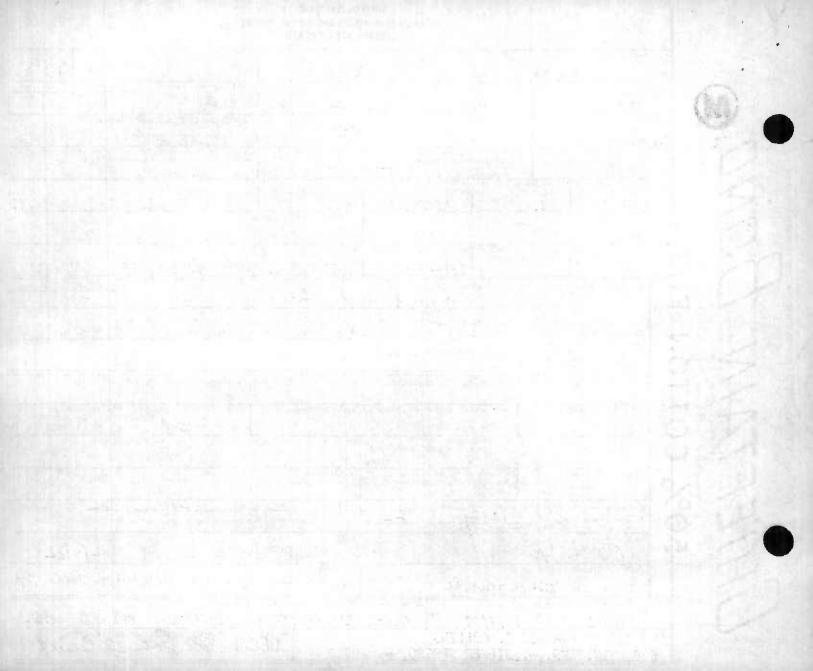
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTAMORE, MARY Inspection XX 22a. I certify that I took charge of the remains described above, held on death resulted from: Natural couses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DEPUTY SIGNATURE Prince George's General Hospital EXAMINER'S NAME Abolghassem Hatef, M.D. Cheverly, MD. 20785 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY December 6, 1982 Resurrection Cemetery Clinton, Pr. Geo., Maryland Burial 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. **DHMH - 17** Old Alexander Ferry Road, Clinton, Maryland

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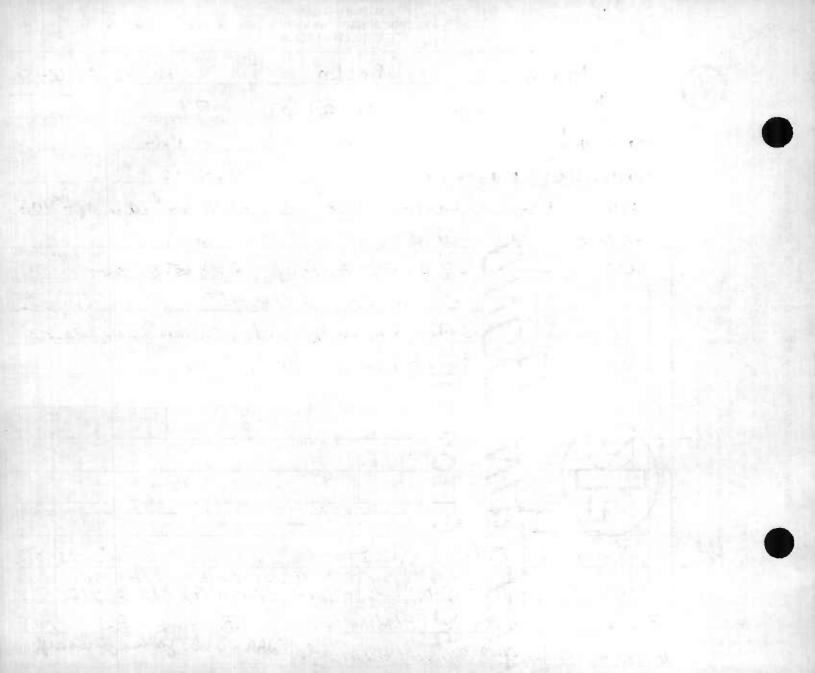
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y be ge 3		CEASED NAME FIRST	MIDDLE	Becker	20. DATE OF DEATH MONTH	TAN YEAR 26. HOUR P. M
oge 4 ma)	3. SE	EMALE	A RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR S S	6. AGE (IN YEARS LAST BIRTHDAY) VRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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LAND 2 hr in 24 hr in 24 hr in 24 hr	13a :	STATE 13b. COUN	GEORGES HYATTSV		130. STREET ADDRESS 2319 LEWISDALE	DRIVE 20783
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(VR A 15 (4))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME a DATE KNOWN (TYPE OR PRINT) ESTI-Benjamin DEATH MATED 12 12 10 82 Levern 4. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS 2c. DATE PRONOLINCED 19 82 3 29 1933 49 Male Negro DEAD TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Prince George's USA DIVORCED 24 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Uneployed OR INDUSTRY None Oxon Hill 4300 Vermillion Ave., Apt. 314 USUAL RESIDENCE (IF IN NURS OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE COUNTY 13c CITY OR TOWN 13d. INSIDECITY CHAITS? 13e STREET ADDRESS 835 24th Street DC 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDIE LAST Barney Chavis Louise Benjamin 7 14300 Vermillion Ave, Oxon Hill MD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 3744 Shirley A Benjamin Daughter 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hemoptysis IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which pulmonary tuberculosis gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held an Undetermined manner Natural causes JITLE (SPECIFY) DATE 12-13-82 MEDICAL EXAMINER ADDRESS 5009 Rayburn CT., Camp Springs ,Md.2074 EXAMINER'S NAME Lugusto P Rodriguez D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 24. FUNERAL DIRECTOR Dualey, S Fun Home Inc., 1425 Maryland Ave, DEC **DHMH-17** (VR A15 ME (5) 15M 2/80

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(VRA 15, 4)

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Rollower Rodr. Buez STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b HOUR PM (TYPE OF PRINT) 12-10-82 10:02 FREDERICK BLANKENBAKER 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH White Male 48, March 10 a BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland S. PRINCE GEORGE'S COUNTY DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY GON Painting Painter (Emp) SOUTHERN MARYLAND HOSPITAL CLINTON DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 30 STATE Topperown Marlboro 6107 So. Pr.Geo! Md. Osborne Rd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Greet Ethel Blankenbaker Oswald 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT Unknown (IF YES, GIVE WAR OR DATES) Mary Alice Blankenbaker-Osborne Rd., Unner Marlboro, Md. 20772 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY Metastatic IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF PRIMAR. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED p 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I sha Mental Hygi 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE JUN 22a I certify that (11 (this haspital) attribded the deceased from sow the deceased alive an_ 82, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL be deta e State I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be 231. NAME OF CEMETERY 12/15/82 Trinity Cemetery Upper "Marlboro"(P.G.)Md. Coleman DHMH - 16 50M 1/81 (VRA 15, 4)

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(VRA 15, 4)

Hyattsville, Maryland

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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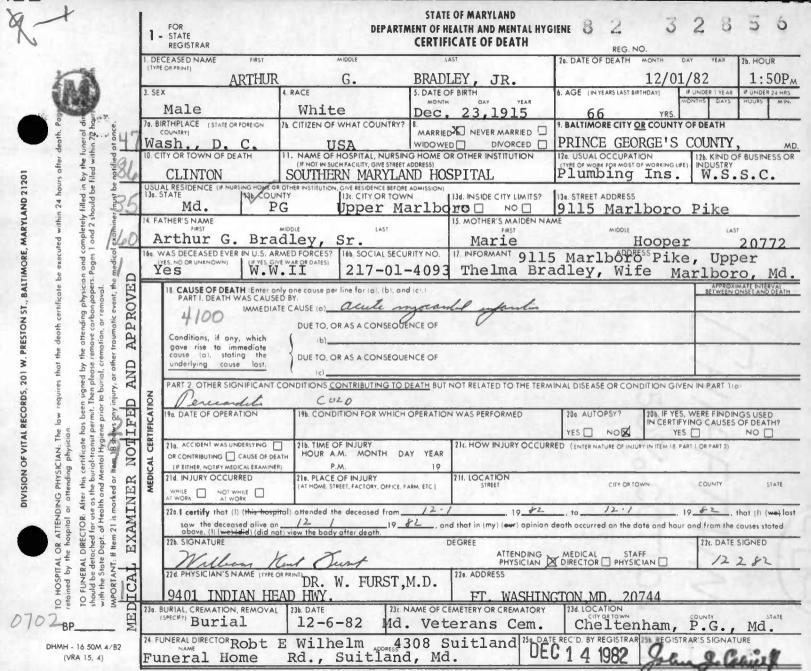
FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 2 8 5
I. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
21 Robert	K	ent Harrie		Ewell
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3 160 WAS DECEASED EV	229-1	2-8643 GWVNN MO	sley 1103 C	ole St.
18 CAUSE OF DE	ATH (Enter only one cause per line for (a), (b)), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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sow the dece above, (1) (we	osed olive on	9, and that in (my) (our) opinion	n death occurred on the date and h	our and from the couses stated
276. SIGNATURE	1 11	DEGREE	/	22c. DATE SIGNED
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1	UIS A. CASA	5 Mg 1042 WE	ST ST. LAUR	EC MD 20707
23a. BURIAL, CREMATIO	N, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COLLARS
Byrial	12-10-82	Family Lot	South Bost	on Va.
24. FUNERAL DIRECTOR	ADDO	250.0	ATE REC'D. BY REGISTRAR 256 PEGI	STRAR'S SIGNATURE
Gibs	son tuneral Home	1631 Druid HillAveuE	U 9 - 1982 /	ing black

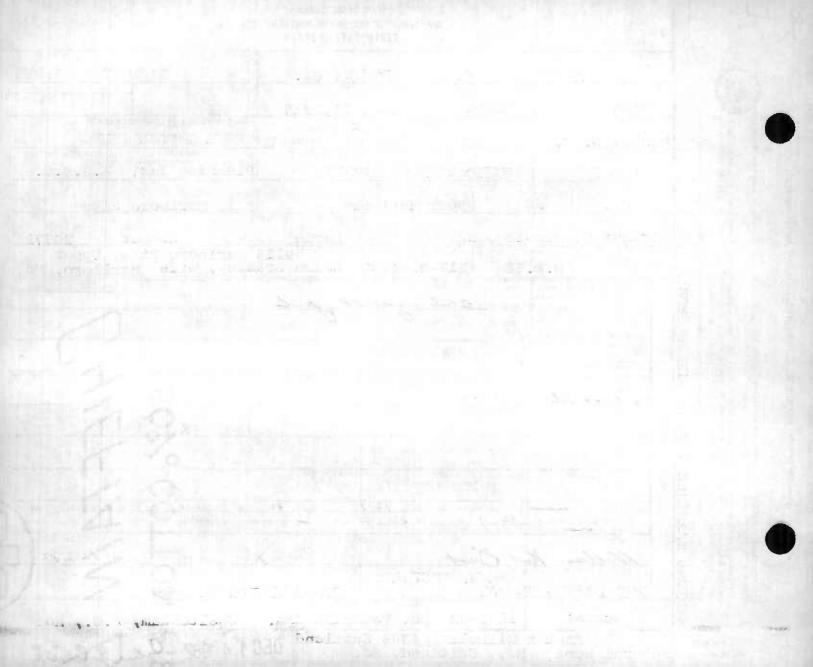
STATE OF MARYLAND

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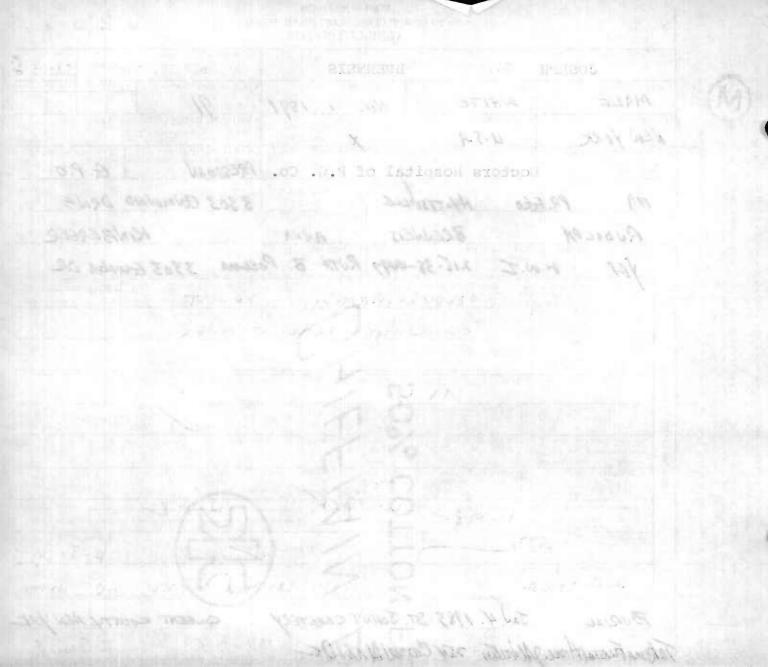
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m -s		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
*		JOSEPH		BRENNEIS	DECEMBER 29, 1	
A)	3. SE	MALE	WHITE	5. DATE OF BIRTH MONTH DAY 189	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M
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Poges I		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 2/15-3	SECURITY NO. 17. INFORMANT	ADDRESS OFLIMA 3313/	THE DR
the	F	18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b		27020	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
physical phy		PART I. DEATH WAS CAU IMMEDI	TATE CAUSE (0) CHEN	OKESPURATORY	bricest	
corbon or ren		4409	DUE TO, OR AS A CONSI	OUENCE OF		
nove contion,		Canditions, if only, which		KIMITOD BREGARIO	ecropolis	
l, crem other		gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSI	OUENCE OF		
to burio njury, or	NO	PART 2. OTHER SIGNIFICAN		TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GO	VEN IN PART 1(0)
Mental Hygiene prior or them 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO N
uriol-transit ental Hygie tem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	
and and ked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211. LOCATION	CITY OR TOWN	COUNTY STATE
for use os of Health 21 is mort		220.1 certify that (1) (this has	spital) attended the deceased from nat) view the body offer death.	9	, to 12-27 death occurred on the date and ho	. 19, that (I) (we)
toched Dept. If Item		27% SIGNATURE	When the body offer death.	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be deficient with the Stote	1	A-C. VAR	COPPENT)	22e ADDRESS	MANN- SONBRU	VW WANT
S & M	23a.	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	/ V - m + 01
		BURIN	JAN 4. 1983	ST. JUHN'S CEMETERY	QUEENT <	COUNTY NEW STATE
FOM 4/22	24 F	UNERAL DIRECTOR	1	250. DA	TE REC'D. BY REGISTRAR 25 REGIS	
50M 4/82 15, 4)	16	Bru a FINISO Home	Months 2500	MINIMAKINCE J	AN 51983 Jac	m of Camiel
	100	Alle Garage None	XCHIMUGES -37	WEST STATES		



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ending physicion and completely filled in by the funeral director, page 3 corbon papers. Pages 1 and 2 should be filed within 72 hours after death

must be notified of o

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical engine

should be detached for use as the burial-transit permit. Then please remave c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR: After this

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	REGISTRAR						REG.	NO.		
	DECEASED NAME	FIRST		MIDDLE	ı	A5T	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
-	TYPE OR PRINT!	John	W		BRI	GHT	December	15	1982	5:55 P
3.	SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER) YEAR	IF UNDER 24 HRS
	Male		Whit	0	Apri		6	51 YRS.	MONINS	HOURS MIN.
Na	RIDTUDI ACE	OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY		Y OF DEATH	
2	countried.		U.S.	A .	WIDOWE	D NEVER MARRIED 🛣	Princ	e Geo:	rge's	MD.
10	CITY OR TOWN OF			HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
	Riverdal	e	Lelan			spital	Funeral			
U I	SUAL RESIDENCE (# P	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130. STREET ADDRES	S		
2	Md.		Geo.	Cheverl		YES NO		_	Place	
14.	FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		1.4	57
7	Jol	n	W.	Brigh	t	Viola	MIDDLE		Mauck '^	31
160	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADD	RESS	Sam	e as
	Yes	WW		578-18-	-5639	Viola M.	Mueller	Sist	er) at	bove
	18. CAUSE OF DE	ATH (Enter or	nly one couse per	line for (o), (b), and	(c1.)				BETWEEN	MATE INTERVAL
1	PART I. DEATH		D BY: TE CAUSE (a)	Carcin	omato	sis			One	e month
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1	Conditions, if o	ony which	DUE TO, O	R AS A CONSEQUE Primar	y car	cinoma of liv	ver		Unk	cnown
	gove rise to	immediate	(0)							
	couse (o), st underlying co	use last	DUE TO, O	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION G	IVEN IN PART I	0
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13	19a. DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
1	É						YES NO NO		TIFYING CAUSES	S OF DEATH?
CEDTIEICATION	21a. ACCIDENT WAS	UNDERLYING [21c. HOW INJURY OCCUR				پ
1	DO COLUMNICA I	-	AIN	M. MONTH DA						
MEDICAL	(IF EITHER, NOTIFY A		2) e. PLACE	M. OF INJURY	19	ZII LOCATION				
1 2		t white		REET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE
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	saw the dec	eosed olive on	15 De	cember 198	2 0	nd that in (my) (our) opinion				
	above, (I) (w	e) (did) (did no	ot) view the body	ofter deoth.		DEGREE				ESIGNED
	THE SIGNATURE	Carl	1	man	/	ATTENDING	MEDICAL S	TAFF		ec. 1982
1	22d. PHYSICIAN'S	NAME (TVOE		- war	w	PHYSICIAN {	DIRECTOR PHY	SICIAN [17. 1	766. 1362
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1						4404 Queensb		Tverda	ire, m	20/3/
23	(SPECIFY)	ON, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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MH - 16 50M 4/82 (VRA 15, 4)

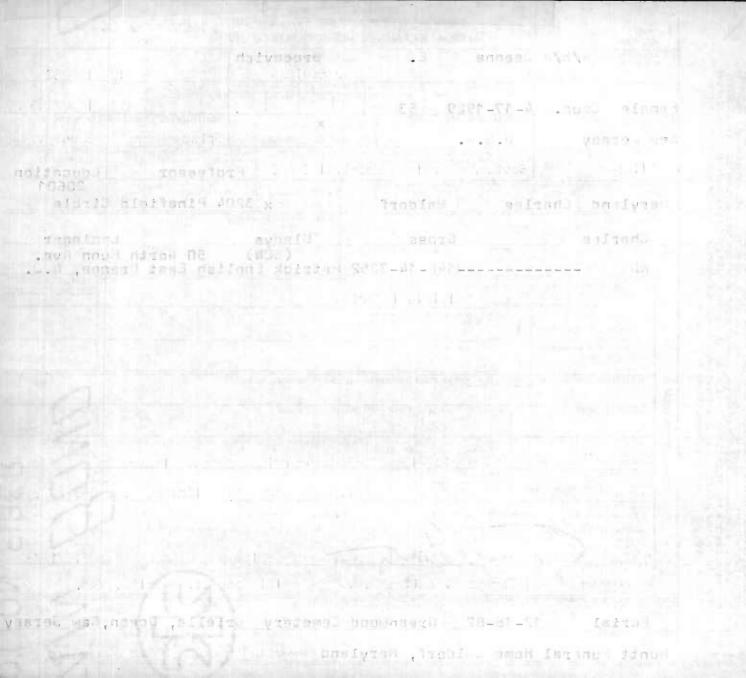
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Lincoln Cem. Pr. Geo.

Nailey's F.H.Inc. Mt. Rainier, Md. DEC 2 . BY REGISTRAR 24 REGISTRAR'S SIGNATURE TO 1982

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FUN		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
be be		CEASED NAME FIRST	HARRY BRO	OKS	20. DATE OF DEATH MONTH	0-82 11:20 R
and	3. SE	MALE	A. RACE Black	5. DATE OF BIRTH MONTH TIGHT 20 1914	6. AGE (IN YEARS LAST BIRTHDAY) SP YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY PRINCE GEORGE'S	
by the Hiled with	CI	TEVERLY	PRINCE GEORGE'S	GENERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII REFINED	126. KIND OF BUSINESS OR INDUSTRY
AND 212	13a.	STATE 136. COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d, INSIDE CITY LIMITS		s +
E, MARYL, uted withing completely it 1 and 2 sh	14. F	ATHER'S NAME PRIST BLOO	MIDDLE LAST	15. MOTHER'S MAIDEN	Calston MIDDLE	LAST
IMORE, oe execution of and co. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	2105	mms shaker !	How Rd Juls Ohio
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici Then please remayer carban paper tra burial, cremation, or remaval.	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c) COLONAR	ENCE OF HYPERTEN		EASE.
TAL RECORDS The law requirition. The law requirition. The law requirition. The law requirition. The law requirition and signification and shows any injurition.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
> 2 5 0 0 £ 8 0		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
S Of stos	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 6	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ITAL OR ATTENDION oy the hospitol or oy the hospitol or ose detoched for use of stote Dept. of Heal of is m.		soy the deceased alive on	rital) attended the decepsed from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	on death accurred on the date and hou	19_82_thot (I) (we) lost or and from the causes stated 22c. DATE SIGNED
TO HOSPIT retained by TO FUNER, should be a with the Sire important.	230	Me H. CA	AUDHRY (M) 23b. DATE 1-6-83 23c.1	NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OF TOWN	emd 20707
BP BDOHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR S. Washing fun	4925 Bunnoughs	Huz NE JA	DATE RECL BY REGISTRANZS MEGIST	und.

14 WOOD F - 3 COLOR OLD BY BUTCHER SHELL SHOW ON THE Mark the second of the second The Ethings have the the Kerry De British

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) WALTER BROOKS 3. SEX 4 RACE IF UNDER TYEAR 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male Black March 1, 1925 Ta BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Va. USA WIDOWED DIVORCED T PRINCE GEORGES 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Retired CHEVERLY PRINCE GEORGES GENERAL None SUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 134 COUNTY 134 CITY OR TOWN 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Palmer Park 7601 Oxman Road YES TX NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST John Robert Brooks Thomas Mary ADDRESS 16b SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES Mrs. Marie M. Brooks/wife, same as 13e No Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I, DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 19 \$3. and that in (my) (our) apinion death accurred on the date and haur and from the causes stated sow the deceased alive or 72% SIGNATURE 77L DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN E MPORTANI 22d. PHYSICIAN'S NAME THE COMMISSION 77# ADDRESS JAMES W. HARDING M.D. 6005 LANDOVER RD. CHEVERLY, MD 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY STATE Burial 12-17-82 Roselawn 1 Henrico Co Va 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 John T. Rhines Co., 3015 12th St. N. E. (VRA 15, 4)

77134 CONTRACTOR OF REPORTAL 2003

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) Thelma 3:41A. L 15,1982 Buonviri Dec 4 RACE S DATE OF BIRTH AGE UN YEARS LAST BIRTHDAYL 3. SEX IF UNDER LYEAR IF UNDER 24 HRS. MONTH Female YEAR White 19. 1915 67 Aug Ta. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington.D. C. IISA Prince George's DIVORCED [WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cheverly Prince George's Gen'l Hospital Housewife. Home MARYLAND 21201 SUAL RESIDENCE AIR NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Hyattsville 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Pr. Geo's 7412 Jefferson Street YES T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Raymond Joy Lynda Morse ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Peter S. Buonviri (husband) same as blk 136 578-14-7501B APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line PART I, DEATH WAS CAUSED BY: W. PRESTON Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F Mental Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27s I certify that (1) (this haspital) attended opinion death accurred on the date and four and from the causes stated MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Dec 16.1982 William D. Rosson, M. D. 5701 85th Avenue, New Carrollton, Md. 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE Burial Dec 17,1982 Cedar Hill Cemetery Suitland Pr. Geo's Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Francis Gasch's Sons, Hyattsville, Md. (VRA 15, 4)

IT:	Dec 13,1620	istives	- B	I na	Chel
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Nativiand Pt. Goorges Westerville x allivstsville sovieten None, 2010 of pulse observed The Bridge of the Billy The second of th 10-.9-1982 Date of Heaven Counter, Lilver Suring Northwest Md. Harry Harry Francis From 5.8. 86. 2000 . DEC 27888 & Land Ceniell .

/	1			STAT	E OF MARYLAND		4 th 2 h		(es)	3 /
8	1.	FOR STATE REGISTRAR			ICATE OF DEATH		E & Z	5	2	5 6 6
		CEASED NAME FIRST	Walla	10	AST	2 a	DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
2 4	Lizet	CHARL		BURNS			12	20	82	4:04A.MM
	3. SE		4. RACE	S. DATE C		6. /	AGE (IN YEARS LAST BIRT		UNDER I YEAR	
(MI)		Male	Caucasian	Jul		5	67	YRS	DATS	HOOKS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	LINTRY?	D NEVER MARRIE	9.1	BALTIMORE CITY O	COUNTY	F DEATH	
3/		klahoma	U.S.A.	WIDOW			rince Geor	ges		MD
201		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTIO	ON 126	USUAL OCCUPATION	ON	12h. KIND (OF BUSINESS OR
M. 4		inton	Southern Mary	land Hos	oital		lechanic			omobile
301	USU 130	AL RESIDENCE (IF NURSING HOMES	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIM		STREET ADDRESS			
CO	Ma		rles Ind	lan Head	YES NO		38 Highl	and P.	lace	20640
0 0		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME	WIDDLE			AST
1				ırns	W1111	2			Coo	
dicol	160,4	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	(WIF	ADDRE	SS		
2		N/A	441.	-16-2245	Dora B.	Bur	ns Same	as Li		
event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for to), (b), and (c),)					BETWEEN	XIMATE INTERVAL
please re urial, cren , or ather		cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO		NOT RELATED TO TH	HE TERMINA	I DISEASE OR CONI	OITION GIVE	N IN PART 1	(0
r to bur injury,	NO	TAKE DITEKTION TO THE	CONDITIONS GOVERNOO			12 12 10 111 1	is blocked by con-			
and Mental Hygiene prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	NHICH OPERATION	N WAS PERFORMED		20a AUTOPSY?			INGS USED S OF DEATH? NO [
them 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MON		21c. HOW INJURY (OCCURRED	(ENTER NATURE OF INJUI	Y IN ITEM 18 PAI	IT I OR PART 2)	
or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19 Y	211. LOCATION					
morked o	N N	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
E		22a.I certify that (I) (this has		d from	. 19	82	, to 12.2	<u>0</u>	9 82	, that (I) (we) last
of H		sow the deceased alive a	not) view the body after dea	19 42 ,0	nd that in (my) (oor) o	opinion deo	th occurred on the do	ste and hour	and from the	e couses stated
He H		22b. SIGNATURE	ion, vida nie oddy awei dde		DEGREE				22c. DAT	ESIGNED
ANT: #		William	Kent Dur	ut	PHYSIC	CIAN D	RECTOR PHYSIC		12	2082
IA /	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS	W.		113		
IMPORTANT:		William Furst	M.D.		9401 India	anHead	Hwy Ft.	Washin	gton.	Md.
3 ≤1		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	EMETERY OR CREMA	ATORY	236. LOCATION	No. 11	COUNTY	STATE
		Burial	12-23-82	Trinit	y Mem. G	dns.	Waldorf		rles,	Md.
M 4/82	24 F	UNERAL DIRECTOR		ADDRESS		250 DATE RE	S F TOST AR	266 REGISTR	AR'S IGM	TURE
, 4)	H	untt Funeral	Home, Wal	dorf, Ma	ryland	DLU	7 1 1905	7000	-0-0	36

aus Med Caucasian July 6, 1915 Mill E S F SO Pervised Cherles Undian Mesu x JS Minhlond Class 20640 Claim stills soul souls Isom-L Stop? The entire and sure and a sure of the entire and and the entire and during - 12-23-62 Trinity New. Gone. Welderf, Charles, Mr. Huntt Fungsel Home, Maldosf, Maryland - wat

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINTI **JOHN** F. CALDWELL DEATH MATED 4 RACE & AGE LINYEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHD AY PRONOUNCED MALE WHITE Oct. 24, 1892 90 /00 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED I RELAND U.S.A. Prince Georges DIVORCED WIDOWED IQ CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS. OR INDUSTRY 4208 Newton Street Bricklayer Colmar Manor Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
138. STATE

138. COUNTY 13d INSIDE CITY HMITS? 13e, STREET ADDRESS 4208 Newton Street Md. 20722 Prince Geo. YES X NO [Manor 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Caldwell James Mary Freeman 17. INFORMANT 4306 Karen Street 166 SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 579 05 4993 Suitland, Md. 20746 No Henrietta Burkey 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BUR YES NO IX 71a. EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 22a. I certify that I taak charge of the remains described above, held an Inquiry and in my apinian EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted fram: Hamicide Undetermined manner ITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Said A. Daee. M.D. 5632 Annapolis Rd. Bladensburg, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 12/28/82 Ft. Lincoln Cemetery Brentwood Maryland Francis Gasch's Sons Funeral Home, P.A. D BY REGISTRAR 176 REGISTRAR'S SIGNATURE. **DHMH - 17** Hyattsville, Maryland (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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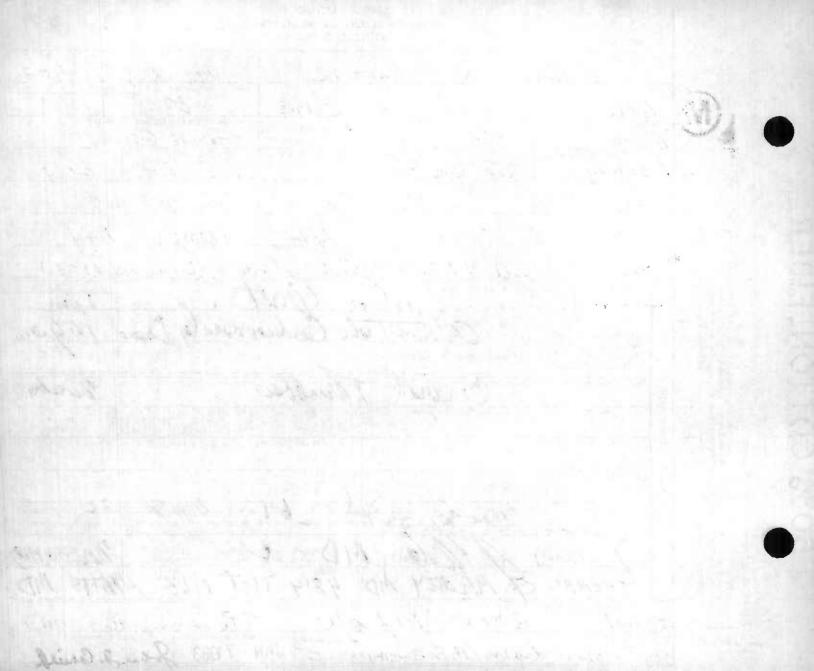
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN A MONTH (TYPE CHIMMAT) AMPBELL DEATH MATED 6 AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD BIRTHPLACE INTATE OR SALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Sign Mechanic Neon Service 20613 In STATE 13b COUNTY 13d INSIDE CITY LIMITS? 10505 Cedarville Road 7-5 Pr. George's Brandywine YES X Maryland NO [15. MOTHER'S MAIDEN NAME E. MIDDLE Stewart Campbell Mary 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 10505 Cedarville Rd. 7-5 (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 579-34-6984 Yes Joan H. Hatfield Brandywine, Maryland Korea 18. CAUSE OF DEATH (Enter only one couse per APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Natural couses death resulted from: Suicide Homicide Undetermined manner 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Che l'tenham Maryland Burial 12/7/82 Maryland Veterans Cem. 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE **DHMH-17** George P. Kalas Funeral Home Oxon Hill, Md. DEC 1982 (VR A15 ME (5)) 15M 2/80

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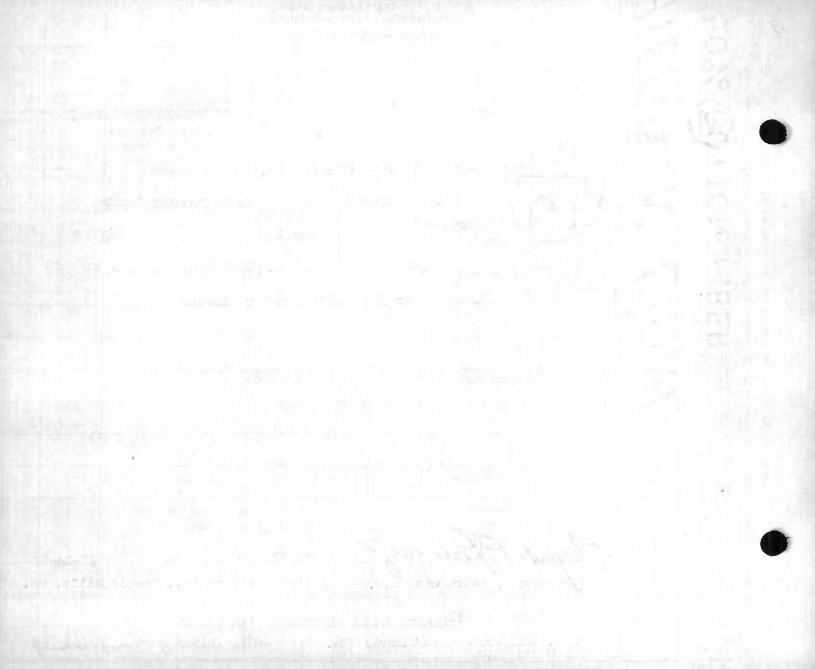
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AKA ATTA 20. DATE KNOWN Colabucci Marwoole OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W. PRESTON STREET, Alta Marle DEATH MATED 4:041 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HR 24 HOUR DATE YEAR PRONOUNCED F White 10 82 4:041 10 29 00 82 DEAD Th. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC U.S.A. Prince George's County, MD DIVORCED XX WIDOWED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE Clinton - R. P. So.Md. Hospital Center Clerk. Employe USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 3a STATE Pr. Geo. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Clinton 7903 Arbraoth Court NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANDDIE Rose Massimno Francesco Vita 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDAOS Dower House Rd. (IF YES, GIVE WAR OR DATES) Lawrence Colabucci - Upper Marlboro, MD N/A 577-40-5703 18 CAUSE OF DEATH (Enter only one cause per (17) (pr (0), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, il any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WUKU, IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🗌 NO P 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH 1 .- P.M. 21e PLACE OF INJURY STREET, PACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held Undetermined manner death resulted from: Notural couses Accident MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Buria1 1983 Resurrection Cemetery Clinton, Prince George's, MD January 3, 14 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lee Funeral Home, Inc. **DHMH - 17** 6 1983 (VR A15 ME (5) NAL Old Alexander Ferry Road, Clinton, Maryland 15M 2/80

Mosal saller or Fe. C. Hospital Comber יכחה איניר מנג המימיר באיניר איניר איניר איניר מוצא המימיר באיניר מוצא המימיר באיניר איניר איני to during of grapher angles been to Ou Burne Land Cluber , the Cooper, In Tore Taylors Oi., Camp Springs, Ms. Agranta F. Pedrelman JAN DIES BELL CLEEK

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5-1	1	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2 3	5 2 3	16
nay be page 3		CEASED NAME FIRST E OR PRINT)	DORI	S JEAN CON		ST	20. DATE OF DEATH MONTH		1:30 PM
4 off	3. SE	x Female	4. RACE Wh:	ite	S. DATE O	BIRTH 8 1934	6. AGE (IN YEARS LAST BIRTHDAY) 48 YRS.	MONTHS DAYS HOU	NDER 24 HRS
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ote be executed by special and compared by special and			ARMED FORCES? GIVE WAR OR DATES) Tean		1.1.2		ne as Above ^s Maloney, Fiance		
PRESTON ST., BAI he death certificate to ottending physici emove corbonopopei mation, or removal.		Conditions, if ony, which gove rise to immediate	SED BY: (ATE CAUSE (0)_ DUE TO,	OR AS A CONSEQUE	NCE OF	Le angus EDEMA, MODER ACTION, ACUT		APPROXIMATE BETWEEN ONSET 3 W	
I RECORDS, 201 W. I do not require that the in. I has been signed by the permit. Then please in the prior to burial, cre we any injury, or other	CERTIFICATION	Congleke 190 DATE OF PPERATION 12/24/fr	T CONDITIONS	DITION FOR WHICH	DEATH BUT !	WAS PERFORMS	YES NO YES	S, WERE FINDINGS L FYING CAUSES OF D ES \(\text{NO.}\)	
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OR ATTENDIO on the hospital or DIRECTOR. A coched for use Dept. of Heal If Hem 21 is m		220. I certify that (1) (this has sow the deceased object obove, (1) (we) did) did 22b. SIGNATURE		1 . 1		EGREE ATTENDING	n deoth occurred on the dote and hou	19, that (our and from the cause 22t. DATE SIGN	
TO HOSPITAL retained by th TO FUNERAL should be determined by the State with the State		22d. PHYSICIAN'S NAME (TYP	INO J.	n, M.P.		PHYSICIAN 220. ADDRESS 1/9 Cape	Copy for Key	103 Kluy	3
BP	Ю	BURIAL, CREMATION, REMOV. (SPECIFY) Burial	12-29	9-82 Md	. Nat	METERY OR CREMATORY	CITY OR TOWN	Marylar	state
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Huntt Funeral Home, Waldorf, Marvland

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(VRA 15, 4)

STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Francis Hyde 12 1982 Contee DEATH MATED SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. 24 HOUR IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED Male 1919 1982 Negro 10 63 12 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Mary Land U.S.A Prince George's Co. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 2202 Fenno Road Custodian Jpper Marlboro School Bd USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS G Upper Marlbororx 12202 Fenno Rd NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James W. Contee Sarah Scott 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IAL SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 77-26-2012 Wife- Florence Contee S/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ICATE, WRITING THE WOLLE E FORWARDED TO THE CHIE CTOR: PAGE 3 SHOULD BE US CTOR: PAGE 3 SHOULD BE US CTATE DEPARTMENT OF 8 NO DX YES [] 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f. LOCATION TO MEDICAL EXAMINER: THIS CENERCUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE STATE DE AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 226. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL 12/9/1982 MEDICAL EXAMINER EXAMINER'S NAME Augusto 5009 Rayburn Ct., Camp Springs, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Burial 12-13-82 Mvers Ch Cem Nottingham BP 24 FUNERAL DIRECTOR **DHMH-17** Martell Adams (VR A15 ME (5) Aquasco Md. 20608

15M 2/80

STATE OF MARYLAND

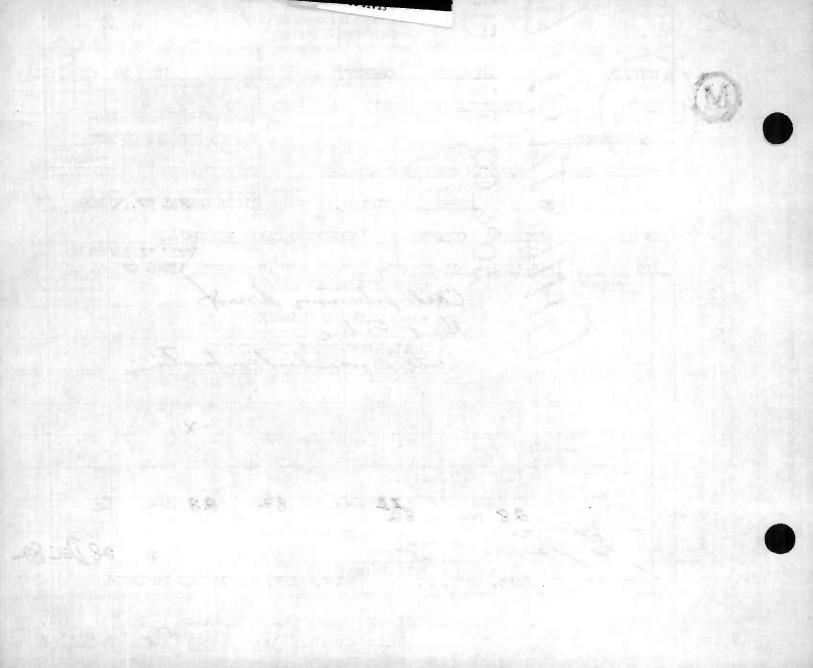
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH 25. HOUR Walter 82 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH Caucasian February 28, 1913 69 To. BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED deoth. Virginia U.S.A. Prince George's County, WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton, Md Southern Maryland Hospital Center Contractor Construction USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Marvland George's Forestville YES X 5708 Burgess Rd., S.E., (20747) NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Allen Curtis Blanche. Unknown 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 165 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 228-03-9912 Ruth Curtis - Same As #13 A-E Yes WWII 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ARTERY DISEMSE underlying couse lost. ORONARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CEREBROVASCURAR DISENSE, CERTIFICATION YPERTENTION prior 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR NO F 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21a. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on 2 obove, (1) (we) distributed in the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN APORTANT: 22d PHYSICIAN'S NAME (TYPE OR 1997) 22e ADDRESS 9015 Woodyard Road Nachnani, M. D. Clinton, Maryland Gurbux H. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Prince George's, December 22,1982 St. Barnabas Episcopal Ch. Cem., M. FUNERAL DIRECTOR Lee Funeral Home, Inc. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

Bellevis Committee Committ Clincon, Mi Southean Haryland Happinal Cancer court with the land the

STATE OF MARYLAND approved FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20 DATE OF DEATH YEAR 26 HOUR 1. DECEASED NAME FIRST (TYPE OR PRINT) DUDLEY **EDNA** DALTON 12-02-82 IF UNDER 1 YEAR 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 0ct. 7. 1912 YEAR 70 FEMALE WHITE To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Virginia U.S.A. PRINCE GEORGE'S WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Secretary Shawne Brother RINCE GEORGE'S GENERAL HOSPITAL CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
130 COUNTY
130 CITY OR TOWN
140 20782
150 COUNTY
150 COU #401 134. INSIDE CITY LIMITS? 2600 Queenschapel Road Hyattsville YES A NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Critzer Dudley Jane James ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 579 09 1585 Harry Dalton, Jr. Same as #13 (Husband) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE NOT SELATED TO THE TERMINAL DISEASEOR CORDITION GIVEN IN PART 1/a DIVISION OF VITAL RECORDS, 196. CONDIMON FOR WHICH OPERATION WAS PERFORMED 200 AUT PSY 20b. IF YES, WERE FINDINGS USED In DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES F 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJUI HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 226. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN THORECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the the 6525 Belcrest Road Hyattsville, Md. 20782 David M. Goldman 23c NAME OF CEMETERY OF KOCKATOOR 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Laurel P.G. Maryland Burial 12/6/82 Maryland Nat. Mem. Pk. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE "Frachis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/82 Hyattsville, Maryland (VRA 15, 4)

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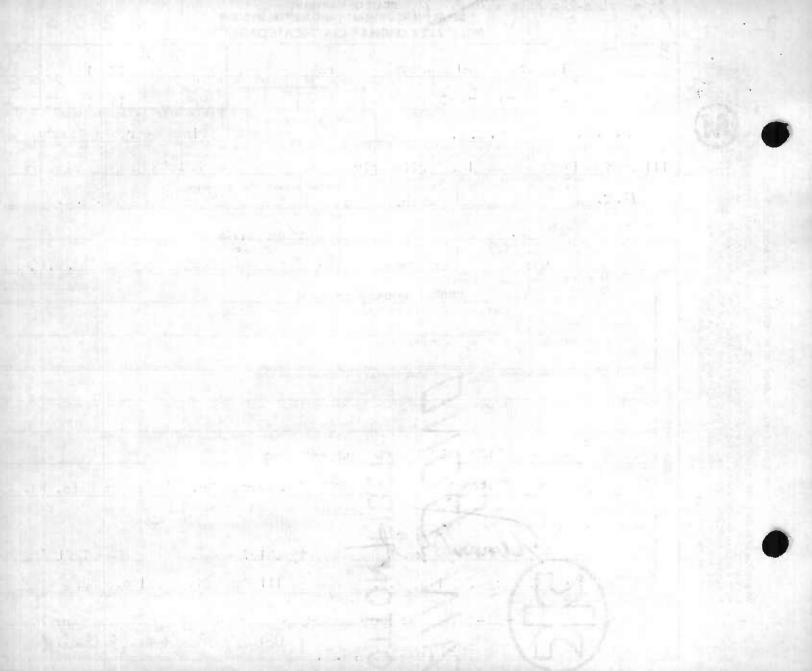
570 DO 1585 Marry Dollon, Jr. Sere as 413 (Husband)

27	١,	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2 3	2 8 8 4
-3	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	,,,,,		LLIAM I	DANIFIS	12-2	24-82 4:23A
0 0	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
98e 7		Male	Black	July 23, 1924	58 _{YRS.}	
death. Page	100	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	
s ofter de	10 0	CHEVERLY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE S	G HOME OR OTHER INSTITUTION ADDRESS) GENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS O
24 hour	130.	STATE 1136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Lumbia Washi	ng to hyes NO	4723 Blaine S	Street, N.E.
tely 2 sho	14. E.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
campletely is 1 and 2 sh		Charles Kenn	MIDDLE LAST	Lona Dani	els MIDDLE	LAST
con	16a \	WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	
on and con and con medical	(YES, NO OR UNKNOWN) (IF YES, GIV	578 22	6416 Henrietta	Daniels-wife-4	VI H.
ficate b obysicia papers. naval.		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), an	d (es.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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by the ase ren 1, crem ather		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		INFARCTION	
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been brior prior	Ā	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
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£ 0 0 0 //	E	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	Tale HOW INTERPROCES	YES NO YE	
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OING PH or after After this e as the last and alth and	>	WHILE NOT WHILE AT WORK	TAT TOME, STREET, FACTORY, OFFICE, F	AKM, ETC.)		
DIN Or Aft			ital) attended the deceased from_	12-23 10 82	12-24	19 82 , that (1) (we) to
A Tag San Tag		saw the deceased alive an	12-24 10	82, and that in (my) (our) opinion	death accurred on the date and hou	
RECTOR red far u pt. of He		above, (1) (we) (did) (did no	ot) view the body ofter death.			
SPITAL OR A SPITAL OR A SPITAL OR A SPITAL OR A SPITAL DIRECTOR OF STORE DEPT TANT. If here		226. SIGNATURE	1- 01	DEGREE	MEDICAL CTAFF	22c. DATE SIGNED
Al Al Jake Jake II. H		THOREON	and gribe	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	15/24/8
HOSPITAL ned by th FUNERAL old be det of the State	1	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
to HOSPITAL etained by 11 TO FUNERAL should be det with the State		MANI	12 MIL AH238	4.		
TO HOSP retained TO FUNE should be with the					Tour of the state	
	23a.	BURIAL, CREMATION, REMOVAL	2/	HAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP	1	Burial	Dec. 19, 198	2 flincoln Mem	norial Suitla	and Maryland
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	HIT MAINE	11 250. DA	TE REC'D, BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	0	tewart Funera	THORO 1001 P	enting Road NE	AN - 3 1983 /oa	mg Cohell
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	l. DE	CEASED NAME	FIRST		MIDDLE		AST		2a.	DATE KN	IOWN [7]	MONTH	DAY YEAR	26 HOUR
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1//		RTHPLACE (STATE	OR	76. CITIZEN OF WH		I.	D M NEV	ER MARRIE	9.1	BALTIMO	RE CITY OR		Y OF DEATH	
	V	VASH. D.		U.S.A	1.	WIDOW	-	DIVORCE		Princ	ce Geo	rge!	s Count	Y, MD.
2/1		TY OR TOWN OF			PITAL, NURSING HOM CHITY, GIVE STREET ADDRESS) C. Curtis D		R INSTITUT	ION	FOR MOS	OCCUPA TOF WORKING	TION (TYPE OF COLORS)		OR INDUS Priva	TRY
7		L RESIDENCE (IF II		ROTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)	13d INSIDE CI	TV (1MITC)	13e_STREET			-	V (200
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51	(16	S, NO, OR UNKNOWN)	(IF YES, GIVE W		UNKNOWN		YVET			2629	Doug	rlas	RD.S.	77.
		18 CAUSE OF D PART I DEATH	H WAS CAUSED	nv.	for (a), (b), and (c).) unshot wour	ide of	hand			u el			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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(5)	Ttems 5,6,15G575 1/ FOR // STATE REGISTRAR DECEASED NAME FIRST	MEDICAL EXAMINI			3 2 3 3 6
20 8 8 E	TYPE OR PRINT) Jessie	MAE	Davis	20. DATE KNOWN OF ESTI- DEATH MATED	12 26 19 82 M
18403	emale Negro	ATE OF BIRTH YEAR DAY BIRTHDAY 5 1929 53 YR	MOOKS MOOKS	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR 12 26 19 82 PM
70.	BIRTHPLACE (STATE OR 7b. C) FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR		R COUNTY OF DEATH
PAGE 5	Fairmont Heights	J.S.A. NAME OF HOSPITAL, NURSING HOME, WE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1008 58th Ave.			orges Co. MD. OF WORK 178 KIND OF BUSINESS OR INDUSTRY
AND 3 SELAIN DE	UAL RESIDENCE (IE IN NURSING HOME OR OTHE STATE	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS the	ave,
NW W4 14.	FATHER'S NAME ERST AMERICAN ANDREW MIDE		15. MOTHER'S MAID	EN NAME Garrence	LAST
T. PAGES 1-AND DIVISION OF THE	. WAS DECEASED EVER IN U.S. ARMED F (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR	242-36-	NO. 17. INFORMANT	Damio 1008 -	58 leve
IN PENCIL IN ITEM IN EXAMINER ALONG IRIAL - TREMII ID MENIAL HYGIENE, ION, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: 3030 IMMEDIATE CAI Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 DTHER SIGNIFICANI CONDITIONS CONTRI	Ethylism		P[1 (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA			20 AUTOPSY?
ARTWENT OF TO BUR		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18 PA	YES NO 3x
1201 PRIOR	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME. STREET, EACTORY, FARM, ETC.)	ZIF. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	death resulted from: Natural country ACTUAL SIGNATUR AUGUSTO EXAMINER'S NAME AUGUSTO BURIAL CREMATION, REMOVAL 235 DA	P. Rodrigue, Md.	M.D. Deputy ADDRESSO Ra: TERY OR CREMATORY, WE WANTED TO THE T	Undetermined manner MEDICAL EXAMINER YOURN Ct., Camp 13d LOCATION CITY OF JOHN WILLIAM WILLIAM	DATE SIGNED 12/26/1982 Springs, Md.
DHMH - 17	NAME . /	1	Zio. DATE	EC 29 1982	IRAK S SIGNATURE

Liberty Company of the Court of Court o

24 FUNERAL DIRECTOR LATNEY'S Funeral Home

3831 Georgia Avenue, NW; Washington, DC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

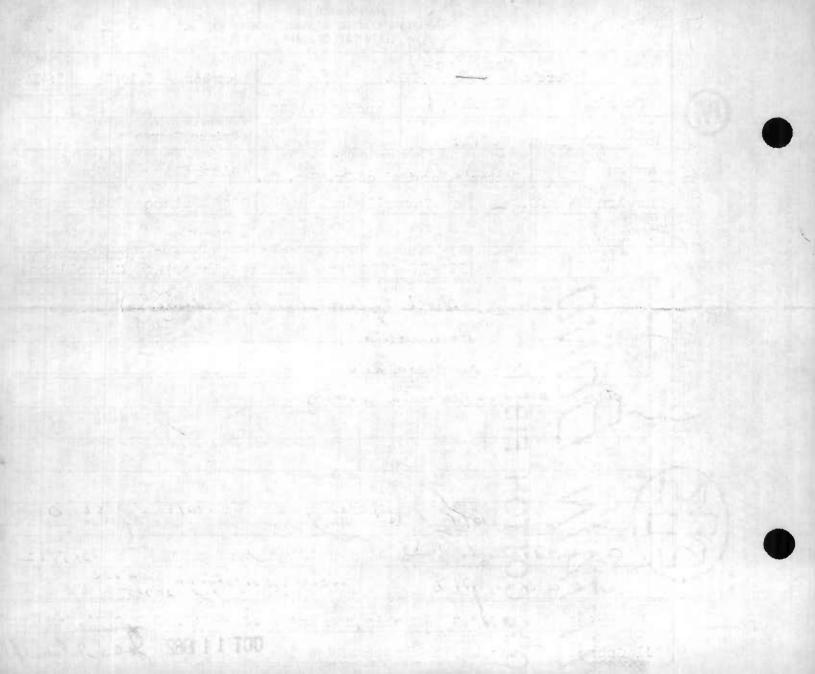
12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22c DATE SIGNED

None

DHMH - 16 50M 1/81 (VRA 15, 4)



/				STATE OF MARYLAND	0 6 6 7 7
to		FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE 8 2 3 2 3 0 0
-0	-	STATE		CERTIFICATE OF DEATH	
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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nay be page 3		JOHN		DECKER	12-19-82
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Virginia Ernestin Rushe de la Montaigne 12 01 82 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female. White Oct. 3, 1910 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Prince George's County WIDOWEDE DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ret. Secretary Clinton Southern Maryland Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13g. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. 20870 P.G. 9215 Midland Turn Upper Marlborb YES NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Matilda Craig Walter MIDDLE Renaids 15 Silver Circle #7 medical 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Annapolis. Md. (Daughter) Vera Christensen 213366707 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 les, micronodular cershosis, fancientité 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [Hygiei Hygiei 210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 50 21d, INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Nov. 15, 1982, Dec. 22a.1 certify that (1) (this hospital) attended the deceased from 82 sow the deceased alive on bove, (I) (we) (did) (did not) view the bady after death and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 27b. SIGNATURE DEGREE 22c. DATE SIGNED ew.M.D ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Maryland should b SINGH 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 12/6/82 Burial Prospect Hill Cem. Front Roval COUNTY VAL. Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/82 Hyattsville, Maryland (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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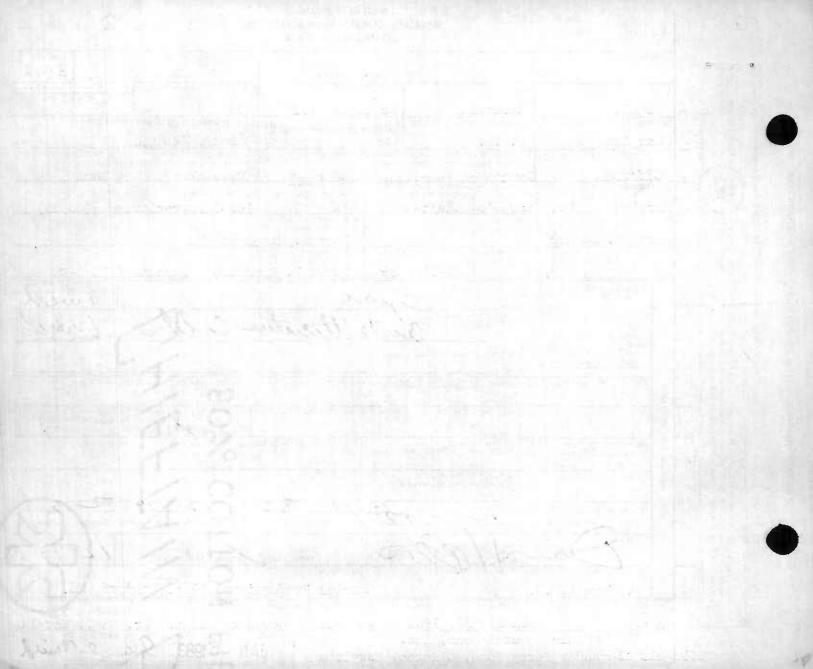
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ORE, or		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION OF THE WAR OR DATES!	URITY NO. 17. INFORMANT	ADDRESS	
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	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	VEN IN PART 110
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24 hours	7o. BIRTHPLACE (State or for cauntry) 111inois	U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Prince George	B Md.
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cecuted within completely finove carbon lay event, with		ore deceased lived, if institution: Residence 1783	e before 13c. CITY OR TOWN 13d. Res Hyattsville YE	INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3414 Rutge	rs Street
be execut n ond com se remove dragny ev	14. FATHER'S NAME Fire	st Middle Dowe	last 15. MOTHER'S MAIDE	N NAME First Middle	Bone
tertificate be executed by the physician ond corner hen please removal, ond agains a	16a. WAS DECEASED EVER IN Ye Yree r unknawn)		SECURITY NO. 17. INFORMANT Lucille L.	Dowell Same as #1	
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The low or ottending to the se has been use as the prior	19a. DATE OF OPERATION		N WAS PERFORMED 200. AUTOPSY? YES	20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
VING PHYSICIAN: The by the hospital or of the this certificate habe detached for use state Dept. of Health	OR CONTRIBUTING CA (If either, natify medic 21d. INJURY OCCURRED While Not while	al exominer) HOUR A.M. Manth Do	21c. HOW INJURY OCCURR 19 . STREET, FACTORY.) 21f. LOCATION Street ar G, ETC.	R.F.D. No. City ar Tawn	2, Item 18.) Caunty State
Poge 4 may be retoined by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the Stote Dept. of Healt		t (I) (th is hospital) attended the eased alive an. d abave, (I) (we) (did) (did-not) vi	M. DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR DIRECTOR AVE.	CC. DATE SIGNED
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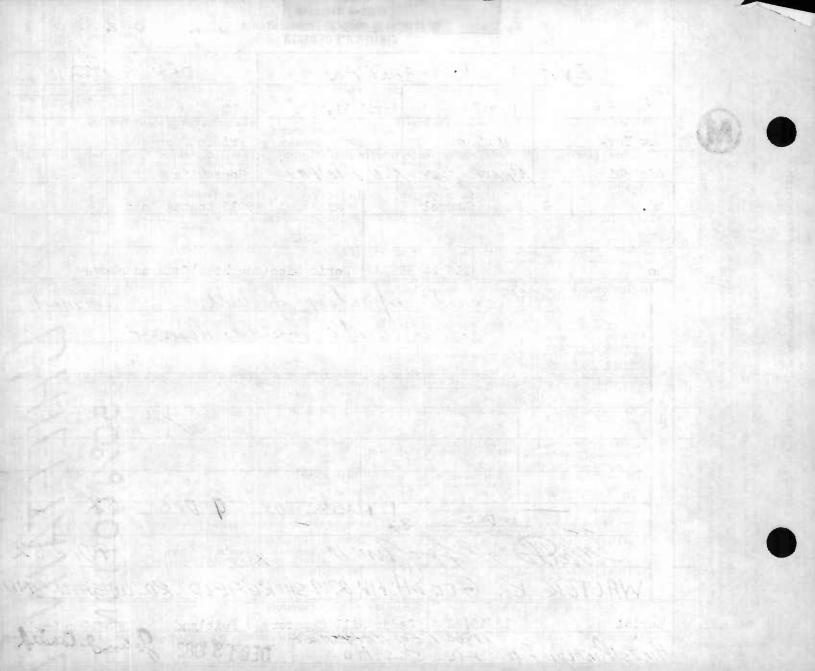
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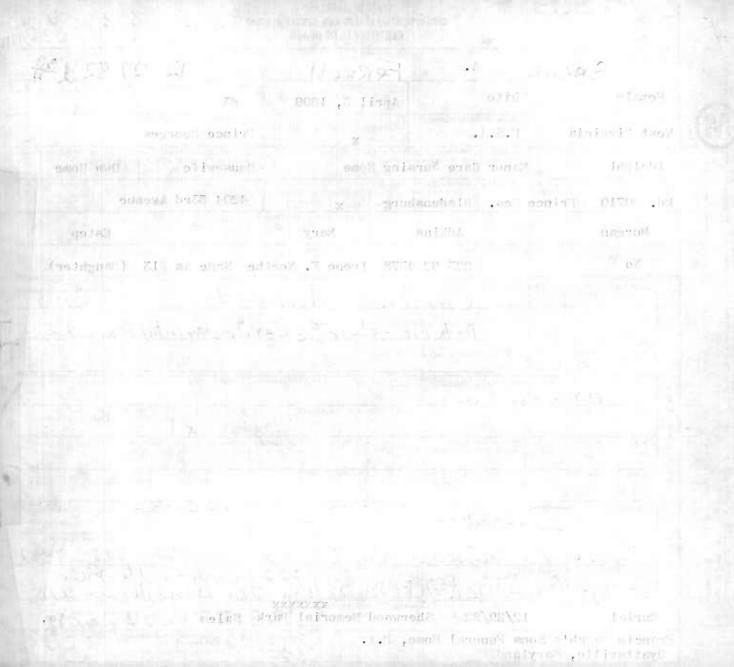
16713	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2. 3	2 3 9 7
41	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
2 75 3	(TYPE OR PRINT) BARRY	J.	DUCHAK	12/23/	82 9:00A M
The state of		. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
2 000	MALE	CAUCASIAN	MONIT P1'5 '3'9	43 _{YRS.}	AONTHS DAYS HOURS MIN.
å de la	7a. BIRTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
O 15 18 7	DENNSYLVANIA	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE'S	
18/11		1. NAME OF HOSPITAL, NURSING	DDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
5 5 50		SOUTHERN MARYLAN		COMPUTER ANALY	ST ILS GOVT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. After this certificate has been signed by the oftending physician and completely fulled in boos the buriol-transit permit. Then please remove carbonapaers. Pages 1 and 28 should the neith and Amental Hygiene prior to buriol, cremation, or removal, the medical examiner all the statements of the properties of the permit is the statement of the permit is the statement of the permit is the permit in the permit in the permit in the permit is the permit in the pe	USUAL RESIDENCE (IF NURSING HOLDER OF O 130, STATE MARYLAND P. C	THER INSTITUTION, GIVE RESIDENCE BEFORE IN CITY OF TOWN FT. WASH	INGTONYES NO TO	130 STREET ADDRESS 1401 Hough Lan	ne
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ore nd cor nd cor dicole	160 WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECUE		ADDRESS	
Wo on Red		WAR OR DATES) 181-30-9	050 Coorcotto	A. Duchak (Wife)	Sama Ac # 131
Att.	Yes III CALISE OF DEATH (Fotor poly	one couse per Ane for (a), (b), and		A. Duchak (WITE)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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rent rent rent rent rent rent rent rent	MMEDIATE			Coporo	
oth on, o	1037	DUE TO, OR AS A CONSEQUE	NCE OF		
RES	Conditions, if any, which gave rise to immediate	(b)			
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or o	, ,	(c)			
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w re nath.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED
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ON C IYSK ding s ce burid Men	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
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Po Ships	AT WORK — AT WORK	U) attended the deceased from	19 8	to DEC 23	19 82 , that (1) (we) last
OR THE TEN	sow the deceased alive on		, and that in (my) (our) opinion		
ATT OSPI	obove, (I) (we) (did) (did not)	view the body after death.	DEGREE		22c. DATE SIGNED
J. # Doch B. C.	THE STOTATIONE	War.	ATTENDING	MEDICAL STAFF	12/22/5
PITAL by 1 ERAL Stote ANT:	220 PHISICIAN'S NAME (TYPE OR	. Blown	PHYSICIAN A	DIRECTOR PHYSICIAN	1142100
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F 5 F 0 > 7	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
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DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR Lee Fu	neral Home Inc.	25a O	D BY REGISTRAR 251 ST	RAR'S SIGNATURE
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12 101	N	ew York	4.5.	A.	WIDOWI		Prince Ge	orge		MD
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35	13a.			GIVE RESIDENCE BEFO 13c. CITY OR TO Laure1		13d. INSIDE CITY LIMITS? YESX NO	13e STREET ADDRESS 9015 Conte	e Road		
Somme 5		ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST UNK	WE		LAST	
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rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
them 21 is mo		27a. I certify that (I) (the hosp sow the deceased alive or above, (I) (Add) (did no 27b. SIGNATURE	6 02	19	82.0	nd that in (my) (and) opinion DEGREE		late and hour	and from the ca	
MPORTANT: #		22d PHYSICIAN'S NAME LIVE	OR PRINT)	2002	HM	ATTENDING PHYSICIAN 2220 ADDRESS	MEDICAL STA		1911e	C 82
with the	230	BURIAL, CREMATION, REMOVAL	23b, DATE	5002	NAME OF C	EMETERY OR CREMATORY	123d, LOCATION	KV U	UHEHI	y 71,
	. 34	SPECIFY)					CITY OR TOWN		COUNTY	STATE
	B	urial	12/13	3/82	Cedar	Hill Cemetery	Suitland		PG Mar	37 000 -



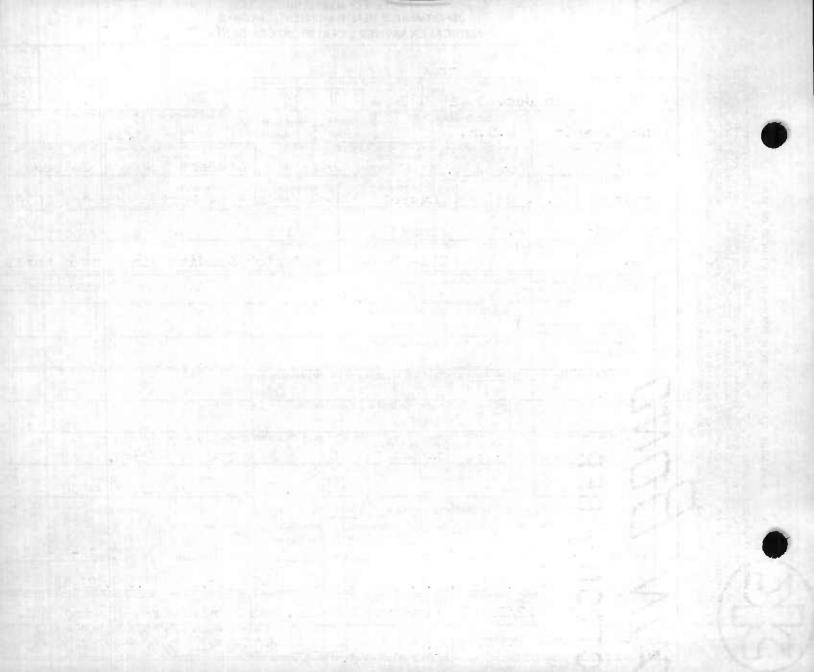


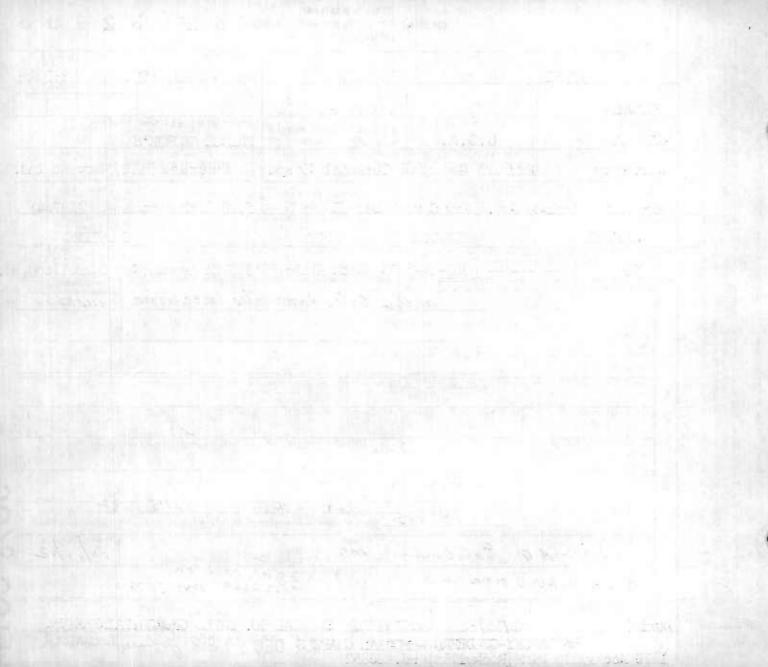
Burial 12/17/82 St. Mary's Church Cem. Clinton Pr. Geo. Maryland 6160 Oxon Hill Rd.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN X 20. DATE (TYPE OR PRINT) OF ESTI-Marie DEATH MATED JAYNE FINCK 19 82 4 RACE IF UNDER 1 YR. 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 7:45 PRONOUNCED 3, 1962 20 White Female Dec. DEAD 1982 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X SES 1, 2, AND 3 TO THE FUNE A PM 3. RETAIN PAGE 5 FO AND 2 SHOULD BE FILED, WIT DE WHAL RECORDS, 201 W. PR U.S.A. Pennsylvania WIDOWED [Prince George's County DIVORCED ID. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Student Contee Rd. & Railroad Tracks College Laurel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland P.G. Co. NO Cx 8504 Portsmouth Dr. 20708 Laurel 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frederick W. Finck Edith Mae Dungan 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS NO. 212-92-1419 Frederick & Edith Finck same as#13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5:25 P.M. 12-17- 1982 Driver in auto/train collision. 21e PLACE OF INJURY 11 LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC 1 NOT WHILE Contee Rd. & Railroad Tracks, Prince George's AT WORK road Md. 226 I certify that Ltoak charge of the remains described above, held an Inspection Accident X death resulted fra Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-18-82 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE Meadowridge Mem. Park Baltimore, Howard, Md. Burial 12/21/82 FUNERAL HOME , INC **DHMH - 17** DEC 2 0 1982 (VR A15 ME (5))

Sandy Spring Rd. Laurel,

20M 4/82





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	PART 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE AT WORK 22a, I certify that (I sow the decease obove, (I) (WHEN 22b, SIGNATURE 22d PHYSICIAN'S N	INTERCANT CONTINUES OF DEATH INCAL EXAMINER) INTERCANT CONTINUES OF DEATH INCAL EXAMINER INTERCANT CONTIN	19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, FACTORY, OFFI	OPERATION AY YEAR 19 ARM, ETC.) C. M.	21f. HOW INJ 21f. LOCATION STREET d that in (my) (a) DEGREE 27e ADDRESS 340	IURY OCCURR 19 2 3 3 3 4 3 4 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	20a AUTOPSY? YES NOTE NOTE CITY OR CITY OR A DIRECTOR PHY: ISN Head	ZOD. IF IN CE IN CE	YES, WERE FIN RTIFYING CAU YES 18 PART I OR PART COUNTY 19 \$20.00	DINGS US SES OF DEA NO 2) -, that (1) the causes s ATE SIGNEI 2-4-(

BP______ DHMH - 16 50M 1/B1 (VRA 15, 4)

A LANDER Deretay Lva Figh c December 4, 1982 Jan. 25, 1998 1 70 u.s.n. x .n.e.u Li (atere - Spekharn Md. Hespitati Contar Clurk) Limitatory fortylend Charless- Weldorf x At.#2 dox 184 0 20601 Henry Dreenel Soohie Tatain Elles spes gonné .l estraul SERI-CO-DOI ------

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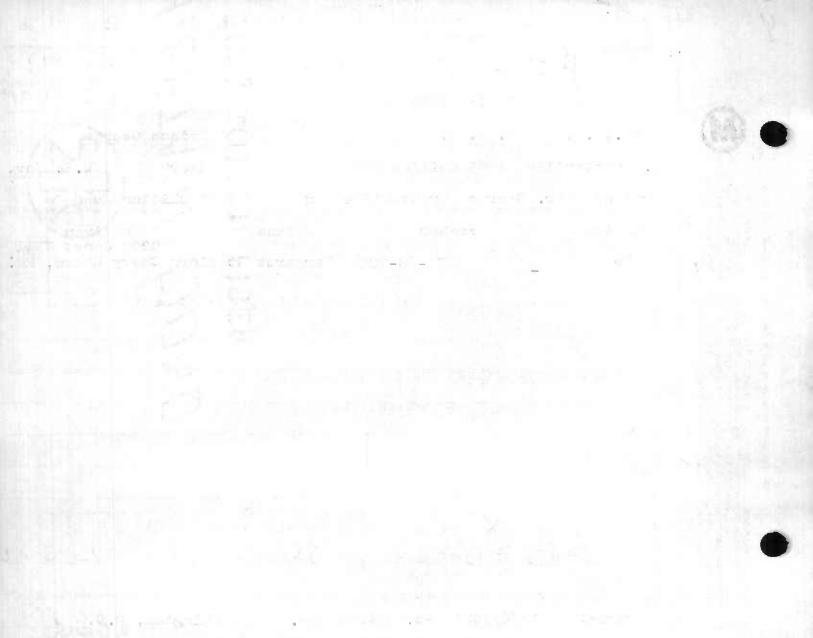
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STATE OF MAPYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) DEATH MATED 28 19 82 Fletcher Anna DATE OF BIRTH 4. RACE IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 8:25 DEAD 28 1982 8 23 1914 Caucasian 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. WIDOWED DIVORCED Prince George's County, 12a USUAL OCCUPATION (TYPE OF WORK II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker Southern Marwland Hospital Home Clinton 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? Pr. George's 10413 Farrar Avenue (20623) Maryland Cheltenham NO [] 4. FATHER'S NAME TS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST May Dixon Milton Mc Daniel 7. INFORMANT Too. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS. 1 (IF YES, GIVE WAR OR DATES) N/A Robert Aaron Fletcher, Same As # 13 A-E No None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b) hypertension gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) hematoma, occipital . Infantile Paralysis . Coumadin therapy 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD TO AGE 4 SHOULD BE FORWARDED TO THE OHIE TO THE WITH THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF HE BALLTMORE, MARYLAND, 2NOT PRIOR TO BURIAL BALLTMORE, MARYLAND, 2NOT PRIOR TO BURIAL YES NO X 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 4:30x 12 23 1982 subject fell and struck head CONTRIBUTING TO CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 218 PLACE OF INJURY (ATHOME AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 10413 Farrar Ave., Cheltenham, Pr. Geo. . Md. home 27a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion Assident X Natural causes Hamicide ___ Undetermined manner TITLE (SPECIFY) DATE 12/28/1982 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME Augusto P. Rodriguez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Cheltenham, Pr. Geo., MD December 30, 1982 MD Veterans Cemetery 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (663 Old Alexander Ferry Road, Clinton, Maryland 15M 2/80

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	STATE REGISTRAR			DICAL EXAMIN				REG. I	S &	7 0	0
	ECEASED NAME YPE OR PRINT)	Helen	1	MIDDLE	Ī	nabe		ATE KNOWN OF ESTI- ATH MATED	MONTH	DAY YEAR	2 PHOUR
3. SE	F	W 9	16	1922 60	AY) MONTH		MIN PRON	DATE NOUNCED DEAD	MONTH (2	3 19 8	21 HOUR 21 M
4-7 F	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.	C. 76. CIT	S.	A.	8. MARRII WIDOW	ED NEVER MARRIE	ED ᇶ	LTIMORE CITY Prince	_		MD.
	W. Hyatt	sville (F)	1005		Road	ER INSTITUTION	12a. USUAL O FOR MOST O	CCUPATION (T F WORKING LIFE) Clerk	TYPE OF WORK	OR INDUS	GOV.
130	JAL RESIDENCE (IF INN STATE laryland	112h COLINITY	orge	13. CITY OR TOWN Hyattsvi		13d. INSIDE CITY LIMITS? YES AND	130 STREET A	DDRESS Chil	lum R	load	
1	William	WIDOLE	Fr	raber		is. mother's maider Helena	N NAME	MIDDLE		ivan	
160.	WAS DECEASED EVER YES, NO, OR HINKHOWN)	R IN U.S. ARMED FOR		578-20-9		17. INFORMANT Margaret	Staf		200 J hevy		, Ma:
NO		g the <u>under-</u>	(c)	AS A CONSEQUENCE C		OR CONDITION GIVEN IN PAR	T 1 : a)				
7 5	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPER							
FR					ATION W	AS PERFORMED?		1		20 AUTOPS	
ICAL CERTIFICATION		OR CAUSE OF DEATH	P.M.	MONTH DAY YEAR	21c HC	OW INJURY OCCURRED	O (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	YES 🗆	
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTING 214 INJURY OCCUP WHILE NOT	OR CAUSE OF DEATH	HOUR A.M. P.M. 21e PLACE O	MONTH DAY YEAR	21t HC			OF INJURY IN ITEM	18 PART 1 OR PAR	YES C	
MEDICAL CERTIFICA	CONTRIBUTING 210 INJURY OCCUP WHILE AT WORK AT V	OR CAUSE OF DEATH RRED T WHILE WORK	P.M. P.M. The PLACE O	MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.)	21t HC	OW INJURY OCCURRED	CITY Undetermine	ORTOWN		YES	NO 🗆
	UNDERLYING CONTRIBUTING 21d INJURY OCCUP WHILE AT WORK AT V 22a Lecrify that death resulted from	OR CAUSE OF DEATH RRED TWHILE WORK It took charge af the m: Natural cause	P.M. P.M. The PLACE O	MONTH DAY YEAR 19 OF INJURY (AT HOME, DRY, FARM, ETC.)	Autops Autops A.	OW INJURY OCCURRED CATION IRRET J. Inspection Homicide	CITY Undetermine	ortown	and in my api	YES	NO 🗆



1		1-	FOR STATE		DEPARTMENT OF HEALTI	H AND MENTAL F		3 2 9 0 9
			REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE C	REG. I	NO.
y	TOR. CEET,		CEASED NAME E OR PRINT)	EVA	FU	QUA	20. DATE KNOWN OF ESTI- DEATH MATED	12 23, 82 10 m
8	DUR FILES.	3. SE)	F 1. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN YEARS IF UI LAST BIRMADAY) MONT	NDER T.YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH 23 62 10.50
200		7a B	RTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	RIED NEVER MARR	9. BALTIMORE CITY	OR COUNTY OF DEATH
5	至相列)	FC	REIGN COUNTRY)	U.S.A		WED DIVORC		George's MD.
1		10 C	TY OR TOWN OF DEATH	II NAME OF HO	SPITAL NURSING HOME OF OTH		1120 USUAL OCCUPATION (T	TYPE OF WORK 126 KIND OF BUSINESS
3	E858 14	CI	neverly	Prince	George's Gen	. Hosp.	Retired	Nurse
- 2	Z CORDS	USU	L RESIDENCE (IF IN NURSI	NG HOME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)	1		Trut 50
. 21201	Separate Sep		Md.	P.G.	Chapel Oaks	YES X NO	13e. STREET ADDRESS	me Chapel oak
WD.	1/408-	14. F/	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDI	WIDDLE	LAST
J. S.	SS 4 4 4 0 0		Frank		Tucker	Ann		ridgeford
WI.	250 PK	16a. V	VAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	
BALTIMORE,	S GIVE PA		No		Unknown	Ethel Fo	oster-Same a	s # 13 above
			18 CAUSE OF DEATH	Enter poly pine couse per line	e for (o), (b), and (c).)	101	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	R ALONG WILL HYGIENE, I HYGIENE, I			MEDIATE CAUSE (D)	mysea	dial las	an Cotton	
STO	A HON		4100		AS A CONSTOLLINCE OF	1		
8	MINER AL TRANSITI NTAL HYC		Conditions, if ony gove rise to im					
3 3	PENCIL AMINER IL-TRANS MENTAL V, OR REA		couse (o) stating the lying cause last.		AS A CONSEQUENCE OF			
201	SAZEN SAZEN		lying coose ibst.	(c)		100000		
DIVISION OF VITAL RECORDS,	DESECUÇION MATRIMA SANDO PERDINGO, IN PERDINGO, IN PENDINGO, IN PENDINGO, EXAMINER ALONGO, AS BURBAL - TRANSIT PERSENTANDO, OR REMOVAL. CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)	
0 8	SEA A SEA	O						
I RE	음을 바람 그 수	CERTIFICATION	190. DATE OF OPERATI	ON 196. CONDI	TION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
ATI O	WORD "PE WORD "PE CHIEF A BE USED A BURIAL, C	E						YES NO
OF.	O B B C C C C C C C C C C C C C C C C C	l H	210 EXTERNAL CAUSE		FINJURY A. MONTH DAY YEAR	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
NO	SHED WAS		UNDERLYING OR	USE OF DEATH P.A				
/ISIG	ING THI 3 SHOULD PRIOR 1	MEDICAL	214 INTURY OCCURRE	21e PLACE		CATION STREET		
10	DE COES	¥	WHILE NOT W	HILE STREET, FAC	TORT, FARM, ETC.)	SIREEI	CITY OR TOWN	COUNTY STATE
	> 6 5	119		ok charge of the remains de	scribed above, held on Autor	osy , Inspectio	n , Inquiry ,	ond in my opinion
	CERTIFICATION OF THE CANADAR T		death resulted from:	Notural couses	Accident . Suicide	Homicide .	Undetermined monner]
2	RTIFIC BE F RECTO AITH TH RRYLAN		deoin resolled ribin:	(Application of passes)	Accident L., Soicide L.	TITLE (SPECIFY)	Onderermined monner	1.
	130 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ACTUAL SA	ni) A.D.	ASK MO.	Desout	4 HEDICAL EVALUATED	DATE 12-23-82
	SER REE		SIGNATURE			N.D. GSTON	MEDICAL EXAMINER	SIGNED
	EXECUTE EXAM EXECUTE THE CETIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	0	EXAMINER'S NAME (TYPE OR PRINT)	5632 an	napolo Pld	ADDRESS	OW Finger	207/0
3100	80 2 2 4 9	236 B	URIAL CREMATION, REA	12/28/82	MARYLAND N	AT'L. CEM.	23d LOCATION CITY OR TOWN BELTSVILLE	-PCOUNTY NO STATE
	DHMH - 17	4	JNERAL DIRECTOR	ADDRESS		25a. DATE	REC'D BY REGISTRAR 256 AV	
(VR A15 ME (5))	H	S. WASHING	TON - Sous 4	1925 BURROWENS	AUC N.E. DI	-C 2 9 1982 0	me or many
	20M 4/82							

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		CEASED NAME FIRST	PH P.	GANNON /	REG. NO.	YEAR 26
76				GANNON ,	12 21	82
13	3. SE	MALE	4 RACE WHITE	5. DATE OF BIRTH Dec. 15. 1897	6. AGE (IN YEARS LAST BIRTHDAY) IF L. MON	UNDER I YEAR IF
$V_{i'}$	Va B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR COUNTY OF	DEATH
y	P	ennsylvania	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges	
00		ITY OR TOWN OF DEATH Lewisdale	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STO 2207 Drexel	SING HOME OF OTHER INSTITUTION	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Car Inspecto	126 KIND OF I
35	13a	STATE 113h CC	EOROTHER INSTITUTION GIVE RESIDENCE BAD INC. CITY OR TO Levisde	OWN 134 INSIDE CAY LIMITS?	13. STREET ADDRESS 2207 Drexel Stre	
61	14 F	Thomas	MIDDLE Ganno	on . Is mother's maiden na	AME MIDDLE .	Gatle
	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 164 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
1		NO (IF YES.	715 12	6300A John M. Gani	non Same as #13 ((Son)
	F	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF		
ws ony injury, or other troum	IFICATION	couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEGUE OF CONDITIONS CONTRIBUTING TO SRAN SYND	ODEATH BUT NOT RELATED TO THE TERA NOTE TO THE TERA NOTE TO THE TERA OF OPERATION WAS PERFORMED.	784 AUTOPSY? 786 IF YES, W	ERE FINDINGS
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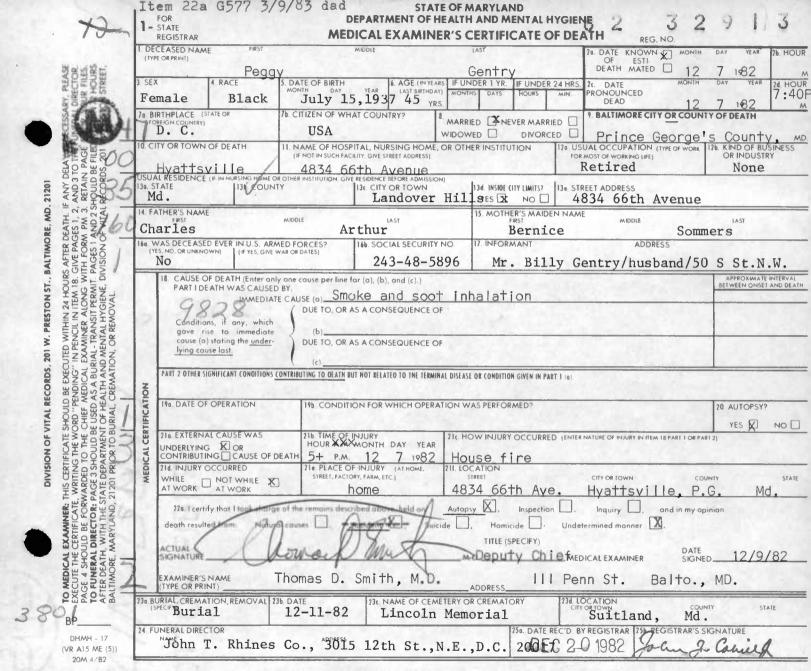
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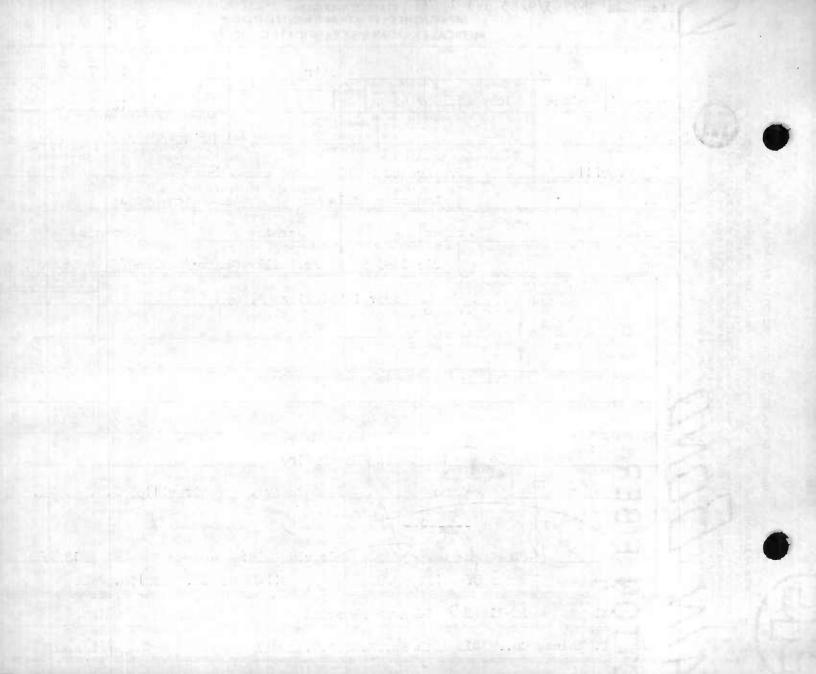
222			1 -	FOR STATE REGISTRAR			DEPA	CERTIF	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE 8 2	3	2 9	11
				20 000 111111	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	poge 3				JOSE		- Brinks	GARNE				12-25-		10:59 AM
	fr. po		3. SEX			I. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	(HDAY) (F	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Poge directs			lale		Black		Dat.	7,1933	3	49	YRS.		
	deoth. Po	474	7 0	THPLACE (STATE OR FORE OUNTRY)		USA	WHAT COUNT	RY? 8. MARRIE WIDOWE	D NEVER MA	RRIED -	PRINCE GE		FDEATH	MD.
5	by the filled yet	24		Y OR TOWN OF DEATH CHEVERLY					RAL HOSF		120 USUAL OCCUPATION OF WORK FOR MOST O		126. KIND O	F BUSINESS OR
AND 21201	24 hour filled in I ould be f	17	130.5	L RESIDENCE (# NURSING TATE)3	COUN	olumbi	113c CITY OR 1	TOWN	13d. INSIDE CITY	LIMITS?	13. SIRFET ADDRESS 4214 Mea	de Sti	ceet,	N.E.
YIA	ithin 2 sh	100	14 FA	THER'S NAME		IDD1E	LAST		15 MOTHER'S M			MARKE	1 4 5 1	710
MAR	complete	2/	V	Villiam	~	_	son		The	lma	WIDDLE	W	illia	ms
er H	and co	5		AS DECEASED EVER IN		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	Т	ADDRE	SS		ELVELD [
WO	n and c	3	(4	yes	IF TES GIVE	WAR OR DATES)	249 4	4 2085	Mrs. 1	Nella	M. Garne	r-wife	-421	4 Meade
TON ST., BAL	death certificate attending physicis nave carban paper atton, or remaval.			4347	MEDIATE	CAUSE (0)	R AS A CONSE	EQUENCE OF	Arrest	Stree	t, N.E. W	ash.D		VUTES
201 W. PRESTON	es that the de ned by the att please reman urial, crematio y, ar ather trau				the last.	(c)_	R AS A CONSE	2AINST	Z MS		RCT UN		10	days
DS,	sign sign hen la bu		Z	PART 2 OTHER SIGNIF		J. B. F. L.		H Y	PERTE		1	DITION GIVEN	IN PART TO	
AL RECORDS	has been permit. T ene prior i	2	CERTIFICATION	190. DATE OF OPERATIO	N			HICH OPERATIO	N WAS PERFORA	-	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	IGS USED OF DEATH?
OF VIT	ding physicion is certificate by burial-transit physicion Mental Hygier ar Item 18 shav	9	-	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEAT	n	F INJURY .M. MONTH	DAY YEAR	21c HOW INJU	JRY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
DIVISION OF	DING PHYS or attendin After this c e as the bur alth and Me		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
•	TEN or us of He		č	220.1 certify that (1) (4) saw the deceased above, (1) (we) (did	alive on_	12/2	7/86		nd that in (my) (e		to 12/21	ote and hour o		that (I) (we) last causes stated
	Y the hosp y the hosp RAL DIREC detoched f ote Dept. o		Š	22h SIOMATURE	ment	ger	ms		PH	TENDING TYSICIAN	MEDICAL STAI		220. DATE	25 /82
	TO HOSPITAL Cretained by the TO FUNERAL Eshould be detained with the State EMPORTANT: If			Re Sea	E (TYPE OF		20012		22e ADDRESS 65 25		erest RJ	Hypri	rville	MJ 20782
	BP		В	irial	PAL	Depart Depart	\$ 19		EMETERY OR CR	mori				
1	DHMH - 16 50M 4/B: (VRA 15, 4)			ewart ("un	era	1 Home	-4001	Benni	ng Road		e rec'd. by registrar 1 – 3 1983	ZOD. REGISTRA	Con	

. W. W. 100 TR ASASIS ACE. W. W. MOEN Self Theotop: To character at perfective gounds . The resident the Committee of the Comm er art /regraf fore-in-

to	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 3	2 9 1 2
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
h 2 h	1,100	RO	CHELLE	GAUSE	12	13 82 4:30AM
(2)	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		Female RIMPLACE (STATE OR FOREIGN	Black	12-30-1952	29 YRS.	
12. 570	N	N.C.	75. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIEDX X WIDOWED DIVORCED	PRINCE GEORGE	
by the fulled with	C	HEVERLY	PRINCE GEORGE	SING HOME OR OTHER INSTITUTION FEEL CORRESSION	TYPE OF WORK FOR MOST OF WORKING Student	176. KIND OF BUSINESS OR INDUSTRY
AND 21:	13a. [v	Lal	dover Place institution give residence ber	ndove TES NO 1		thron ST. #202
maryla ompletely I and 2 sh			Earl Gause	15. MOTHER'S MAIDEN NA	water I I	& S
BALTIMORE, one be executed to be executed to be secuted to be secured to be secuted to		MOS DECEASED EVER IN U.S. A VES NO TUNKNOWN) (IF YES, C	GIVE WAR OR DATES)		se Shallotte	
201 W. PRESTON ST., I es that the death certific red by the ottending phy please remove carbon paurial, cremotion, ar remov, or other traumatic even	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC		AINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IVEN IN PART 110
AL RECORDS, he low requir on. t permit. There ene prior to b ows ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES
DIVISION OF VITAL NG PHYSICIAN: The oftending physicion fifer this certificate h os the burial-tronsit p th and Mental Hygien orked or frem 18 shaw		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
IVISION JG PHYS ottendin ter this can the bund Me h ond Me h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIR Spitol or SCTOR: Ad for use of d for use of t. of Healt m 21 is ma		22a I certify that (1) this has	pital) attended the deceased from		death accurred on the date and he	our and from the causes stated
the how the hor to he how to he how to he		226. 115	· Rum		MEDICAL STAFF	121. DATESIGNED
TO HOSPITA TO FUNERA should be de with the Stot		Lewis NAME (TYPE	H DeNNis	220. ADDRESS 83 UN	V BIVD E.	Sil spg md
0000 BP		BURIAL CREMATION, REMOVA	4. 4.	Shollutte Challem		COUNTY N C STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	74. F	UNEKAL DIKECTOR	1. Ams 4884	Ba Ave NW. D.C. 250 DE	JEC 2 2 1982	and Coming

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR TYPE OR PRINTS HOWARD GILBERT, SR. 12-06-82 12:05PM IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH Black July 12, 1901 Male 81 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY Maryland USA WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE PRINCE GEORGE 'S" GENERAL HOSP. INDUSTRY CHEVERLY Watchman USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE 136. COUNTY 1136. CITY OR TOWN 602 71st Avenue 134 INSIDE CITY LIMITS? Capitol Heights Maryland & FATHER'S NAME 15. MOTHER'S MAIDEN NAME MEDDLE Scott Gilbert R. Alice George lar, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIFTED DIVE WAR OF DATEST 212-16-4383Howard Gilbert, Jr. son-1216 Carringtor no 18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO O %. CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSY? 70h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F THE ACCIDENT WAS UNDERLYING TO 21h TIME OF INJURY THE HOW INJURY OCCURRED TENTER WATER OF PULLEY ON HEM TE PART I OR PART TO HOUR A.M. MONTH DAY YEAR DECONTRIBUTING [] CAUSE OF DEATH THE STHEE MOTHY MEDICAL EXAMINER: TH LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY CITE OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) arrended the defeased from 22s.1 certify that (1) (this hospital that in my our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS SICIAN'S NAME (TYPE OF PRIN ld b 23a. BURIAL CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Dec. 11/1982 Maryland National Park Laurel, Maryland Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Stewart/Funeral Home-4001 Benning Rd., N.E. (VRA 15, 4)

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Area Control of the C	. M	ings I (0) is seen	ffragist streets

TO HOSPITAL OR ATTENDING PHYSICIAN. The law equires that the death certificate be executed within 24 hours offer themselves by the hospital or offending physician.

1.	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGIEN ICATE OF DEATH		329	5
	CEASED NAME FIRST			REG. NO. 1. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR O
3. SE	temale	White S. DATE C	DAY YEAR		MONTHS DAYS HO	INDER 24 HRS URS MIN
Ve	RTHPLACE (STATE OR FOREIGN OUNTRY) TMONT ITY OR TOWN OF DEATH	USA WIDOWE	D DIVORCED DIVORCED 120	BALTIMORE CITY OR COL	126 KIND OF BU	MD.
USU/ 13a, S	AL RESIDENCE (IF NURSING HOME OF		ALESCONTRE	TYPE OF WORK FOR MOST OF WORKI MTPR HOU STREET ADDRESS		
M	aryland PG	Forestville	YES NO 3	727 Donnel	1 Drive	
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N _O	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	or Cular John John War Land War Land Land Land Land Land Land Land Land	Lung for AL DISEASE OR CONDITION	APPROXIMATE BELIMEN ONSEL	eng.
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		YES NO		
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	22a. I certify that (I) (this hasp	of view the body ofter/deoth.		th occurred on the date one MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the caus	
23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF C 31Dec1982 Washin	EMETERY OR CREMATORY Igton Nationa			state Md
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DHMH - 16 50M 7 (VR A 15 (4))

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Hyattsville, Md.

(VRA 15, 4)

STATE OF MARYLAND

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IMPORTANT: If Item 21 is marked or

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	(TYPE	2-1-(OTHY	MIDDLE	e	701NS	20 DATE OF DEATH December	24,	1982	26 HOUR 10:32am
	3. SE	× Female	White	2	July	8, 1944 YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER TYPEAR	IF UNDER 24 HRS
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	MEDICAL	(I ETIMER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE AT WORK AT WORK AT WORK				211 LOCATION STREET	CITY OF TO	Y OR TOWN COUNTY STATE		
		220.4 certify that (I) (this hospii saw the deceosed alive on above, (I) (we) (did) (did nai 22b. SIGNATURE	12/2	3 10 8		nd that in (my) (our) opinion of DEGREE ATTENDING L	death occurred on the d	FF		
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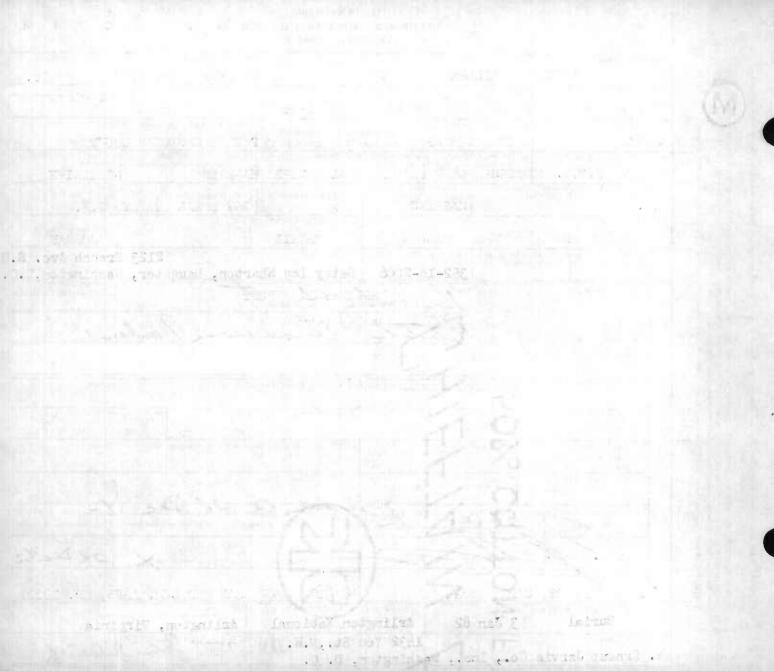
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ORE,	execut and co	dicol	16a. \	VAS DECEASED EVER IN U.S. (ES NO OR UNKNOWN) (IF YES	ARMED FORCES?	16b SOCIAL SECU		17. INFORMANT	ADDR	552123 Bra	nch Ave. S.E
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OF VIT	CIAN: g phys ertifica ial-trar ntal Hy	lem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB. PART I OR P.	ART 2}
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BALTIMORE, MD. 2120' S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND I'TH FORM PM. 3. RETA PAGES 1 and 2 SHOUL IVISION OF VITAL RECO	(165,1	No	(IF YES, GIVE V	- VAR OR DATES)	577-0	7-8487	Bimba	A. Gras	so (Wi:		above	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS DATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 1B. C FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WI OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. F HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIN ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		rying coose lost.		(c)								
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TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a. BUR	IAL, CREMATION, R	EMOVAL 2	3b. DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION		COUNT	v	STATE
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	24. FUN	ERAL DIRECTOR					25a. DATE	REC'D. BY REGIST			ALIVARY	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN TY MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 12 27 10 82 CORA LEE GRAY 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. YEAR SEX IF UNDER 24 HRS DATE PRONOUNCED Black 10-11 27 19 82 DEAD Female A RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Varvano WIDOWED DIVORCED Prince George's Co. 126 KIND OF BUSINESS 10. CITY OR JOWN OF DEATH 120. USUAL OCCUPATION LITTE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Brandywine tome make I. PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13e. STATE 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE FIRST FIRST JAMES HATIE FORM 68. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION **USED AS** E FORWARDED TO THE CORP. PAGE 3 SHOULD BE USED AND STATE DEPARTMENT OF HEAT THE STATE DEPARTMENT OF HEAT OF THE STATE DEPARTMENT OF HEAT OF THE STATE DEPARTMENT OF HEAT OF THE STATE OF TH 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXT YES 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIP PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK MARYLAND. 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Inquiry Homicide death resulted from: Natural couses Accident Undetermined manner Deputy DATE 12/27/1982 TER DEATH, LTIMORE, M SIGNATUR MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Radriguez, M.D. Augusto 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE STATE 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M 2/80

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(VRA 15, 4)

Hyattsville. Maryland

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tehy 2 sh	oiner o		THER'S NAME	WIDOLE	IAST	15. MOTHER'S MAIDEN NA	ME	
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Account of the second of the s	910		AS DECEASED EVER IN	U.S. ARMED FORCES		17 INFORMANT	11404 Gras	go Drive
S. Pool	E		No		167-32-5587	Bunny Gwiaz	da Ft. Washir	ngton, Md.
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3 5 4 6 5	3	TIFK					YES NO NO	CERTIFYING CAUSES OF DEATH? YES NO
FVITA IAN: T physici physici inficate inficate of Hyg	500	GE	710. ACCIDENT WAS UNDERL		OF INJURY A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EN 18 PART I OR PART 2)
ON OF VITA	Hea	CAL	OR CONTRIBUTING CAU	SE OF DEATH	P.M. 19			
DIVISION OF VIT	ŏ	MEDICAL	21d INJURY OCCURRED	TAT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG NG with the or the o	ž Š	-	AT WORK NOT WHILE			1 0	2 Noo 2	2 00
Se	ž.		22a I certify that	nis hospital) attended	14 67	19 7	L to Dec o), 19 0 L, that (1) (we) lost
R ATTEND haspital a RECTOR: A red for use opt. of Hea	m 2			(did not view the boo	x after death.		death occurred on the date or	nd hour and fram the causes stated
1 OR the horizon	±		22b. SIGNATURE	1 0.1	X	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	<u> </u>		22d. PHYSICANA	all	J	PHYSICIAN T	DIRECTOR PHYSICIAN	
HOSP TONE TONE	MPORTAN		7	HAIDAK		THE ACCOUNTS	A Company of the comp	Old Branch Ave.
TO F should	¥	230 5	URIAL, CREMATION, REA			CEMETERY OR CREM	23d. LOCATION	nton, Md. 20735
304BP			Burial	12/27/		y's Church Cen		P.G. Maryland
DHMH - 16 50M 4/	/00		INERAL DIRECTOR		6160 0xo	n Hill Rd. 250 DA	TE REC'D. BY REGISTRAR 276	REGISTRAR'S SIGNATURE
(VRA 15, 4)	82	G	eorge P. Ka	las Funera	l Home Oxon Hi		EC 29 1982	and which
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